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California State Journal of Medicine

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MEDICAL SOCIETY OF THE STATE OF CALIFORNIA

Vol. XVII, No. 3

MARCH, 1919

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Managing Editor

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Contributors, subscribers and readers will find important information on the sixteenth advertising page following the reading matter.

VOL. XVII

MARCH, 1919.

No. 3

THE SANTA BARBARA MEETING.

In the advertising section you will find the rates of the Hotel Potter, Santa Barbara, where the annual meeting of the California State Medical Society will convene on April 15. Every physician in the State who misses the meeting this year will have cause for serious regret. A program of unusual excellence has been prepared, in large part the speakers having been selected in advance and invited to present some topic on which they are best qualified to speak. Owing to the fact that so many physicians are still in the military, it is not possible to complete the list of speakers and subjects as early as usual. The full program will appear in the April Journal.

Hotel Potter is a justly famous and popular resort. It is the part of wisdom to write for your reservations now. The strain of short staffs is being relieved by demobilization. The "flu" is abating. The war is over. Great problems of most urgent concern to the medical profession are pressing. The future form and status of the profession are at stake. Moreover, the very holiday will do you good. It will be a pleasure and inspiration to you to meet physicians from all over California. It will broaden your social horizon. It will introduce you to new and vital interests. It will stimulate your professional zeal. You will learn much and teach much. Come and reap all the benefits that follow association with others in your profession. Come, and lend criticism and counsel. Come, and be a better citizen and more skillful physician. If you have not seriously considered it, do so now, and carefully weigh your personal reasons against going, against the very real benefits to be derived from going. Take the wife, and the children and make it a real outing. Come, and make your reservation now.

It is earnestly requested that every person whose name is to appear on the program will attentively read the following:

Suggestions to Authors: Your audience does not want to hear you mumble through a lot of monotonous description, history and detail. They will not listen if you become absorbed in reading your paper. Therefore try this. Write your paper and revise it. Then read it slowly, considering how each paragraph will impress your audience. Then revise it again with this in view. Then, familiarize yourself with it so thoroughly that you can get up and speak it in five minutes less time than it takes to read it. And drive home your conclusions and personal opinions. Make it personal, otherwise we had better have phonograph records.

HEALTH DAY.

One of the best by-products of the war is the awakening of the people to the importance of health. After devoting so much time and thought and treasure to destructive work, to shortening the lives of the few for the benefit of the many—a constructive reconstruction demands that the lives of the many be as pleasantly prolonged as possible. The extraordinary loss of life from the world war and the pandemic makes the health of the survivors more precious and more essential to the progress of civilization.

The relation of the State and the individual was greatly changed by the war. The health of the soldier was of primary importance to the government during the short destructive days of war and the health of the civilian is not of secondary importance during the long constructive days of peace.

The vigorous health of our troops was a decisive

tactor in hastening the day of victory and the health lessons of the war should be applied in transforming the converted plowshare from the sword into the plowshare again.

Voltaire wittily said, "The fate of a nation has often depended on the good or bad digestion of a prime minister." Our health problem is not an academic or purely professional question, but a practical, scientific, sociological business question of vital importance to all, as it involves the mental and moral improvement of our citizenship and the development, security and enjoyment of all our rich resources.

We are deeply gratified to see California take the lead in this health improvement and to recognize leading members of the medical profession as the leaders. The League for the Conservation of Public Health has inaugurated a movement to establish a new legal holiday to be known as Health Day. Bills have been introduced in the Senate and Assembly proposing to declare April 30th an annual Health Day to be devoted to "all forms of healthful recreation, a field day for physical prowess, popular lectures on the fundamentals of urban, rural, mental, public and personal hygiene, and the patriotic, scientific, economic and moral aspects of our common health progress and problems."

Dr. John H. Graves, the president of the League, has issued a statement in which he says:

"The doctors by training and experience should be best qualified to lead in questions of public health. Our special information places a civic responsibility upon us that we cannot neglect without jeopardizing both the public health and our profession. There is a growing demand that the physician shall meet his civic duty by suggesting the ounce of prevention as well as the pound of cure. For the purpose of creating and maintaining a healthy public interest in this important subject of health our League for the Conservation of Public Health has introduced Senate Bills No. 424, 425 and Assembly Bills Nos. 744 and 746 to establish in California the first Health Day of the Nation."

This effort of the League is thoroughly commendable and is not only a step but a movement in the right direction. In a memorial to the Senate and Assembly attached to the Health Day bills and urging favorable action we find such splendid sponsors as Jas. J. Tynan, General Manager Bethlehem Ship Building Corporation, and Vice-President Union Iron Works, who adds to his signature, "I strongly recommend this"; James Rolph, Jr., Mayor of San Francisco, "with hearty approval and support"; Jesse W. Lilienthal, President Boy Scouts, Recreation League and Tuberculosis Association; Most Rev. Edward J. Hanna, Archbishop of San Francisco; F. W. Kellogg, Publisher San Francisco Call and Post; John L. Davie, Mayor of Oakland; H. L. Carroll, President Los Angeles Advertising Club; William R. Bacon, President California State Dental Assn.;

Joseph R. Knowland, Publisher Oakland Tribune; H. M. Staldeman, President Commercial Federation of Calif.; Motley H. Flint, Chairman National War Savings; D. Carmichael, Mayor of Sacramento; Jacob Nieto, Rabbi Temple Israel; Daniel C. Murphy, President State Federation of Labor; W. S. Rheem, President Standard Oil Co.; George E. Gallagher, President Board of Education and many other leading representatives of the financial, educational and professional world. Such endorsements of public spirited men of big affairs are not lightly given and cannot be lightly considered. Those approving Health Day are not visionary men, but men of broad vision. All thoughtful, forward-looking people will agree that the physical welfare of each of us is the concern of all of us. It's the health of the average man that counts and Health Day is intended to raise the average. The sickness of each individual not only reduces his own efficiency and imperils his own life, but reduces the sum total and endangers the community. Health Day will create community of purpose which is essential. Get the three million people of California to observe Health Day and think along health lines and a healthy public opinion will be crystallized. To be effective health laws must be observed. Public health laws are unfortunately not automatic and without the active co-operation of the people are powerless to resist the invisible foes of health. Germs follow the line of least resistance and are no respecters of laws, places or persons. Where the bars of health are lowered they rush in. Surprise attacks of germs can only be repulsed by public and personal preparedness and public and personal hygiene. Prevention is more beneficial than cure, and Health Day will emphasize the value of the simple and easy preventive measure. The rules of right living are the right rules of health. The scientific, economic and sociological aspects of health are inseparably connected, for health and environment are close relations. Startling statistics tell us that the human and industrial loss due to sickness that could and should be prevented in this country reaches annually a billion dollars!

One day is not too much for us to devote exclusively to the consideration of such a vital subject, and make the people realize that life may be made sweeter, longer and more useful.

All days should be health days, but we must have one to start with and this first Health Day will bear fruit a hundred-fold, and with proper cultivation three hundred and sixty-five fold, thus rounding out the lengthening years of robust health.

A responsibility rests upon our representatives in the California Legislature to promote the health of the State. Health Day is a practical means to this end and merits the hearty support of those who have a sympathetic appreciation of the big idea it represents.

California should be the first State to place health first, for California has the most healthful advantages and is appropriately recognized as the Nation's Health Resort.

VICIOUS LEGISLATION.

At the beginning of the recess of the California State Legislature there were pending a total of 45 bills affecting public health, 7 concerned with pharmacy, 4 concerned with dentistry, 2 concerned with embalming, 1 concerned with the regulation of barbers, and 10 dealing with the practice of medicine. This last group of 10 is brought to your particular attention now.

One of these bills affecting medical practice has ground for existence but is of doubtful utility under present conditions. This is Senator Sharkey's bill (Senate 405) exempting physicians in government service from annual tax. The matter of this tax will be considered in the Journal next month. With reference to Senate Bill 405, it may be said that the justice and benefit undoubtedly due to physicians in service might conceivably be immeasurably overshadowed by the very real dangers lurking in any attempt to amend or change the existing Medical Practice Act at this session of the Legislature. The Act is a good one. Especially good is the requirement, operative beginning January 1, 1919, of one year's pre-medical course in physics, chemistry and biology for candidates for licensure as physicians and surgeons. It is particularly desirable that the Medical Practice Act should not be weakened by opening the door to amendment or change in this or any other particular at the present time. For this reason Senate Bill 405 seems injudicious and should be defeated.

The other 9 bills concerned with medical practice are, without exception, vicious and must be killed. Two of these are Senate Bills 223 and 384, respectively, pertaining to the licensing of trained attendants and the establishment of a chiropractic licensing board. Seven have been introduced in the Assembly. Bill 196, introduced by Baker of Los Angeles, and Bill 321, introduced by Morrison of San Francisco, are also concerned with chiropractic examiners and licensure. Bill 402, introduced by H. A. Miller of Covina, seeks to legalize treatment by students and internes. Bill 659, by Gray of Alameda, affects admission to examination. Bills 844, 932 and 933, all introduced by Merriam of Long Beach, provide respectively for striking out the "approved by the Board" clause from the present Medical Practice Act, for examination in "osteopathic therapeutics," and for issuance of physician and surgeon certificates to all holders of a certificate "to practice osteopathy." These last three bills, fathered by Assemblyman Merriam of Long Beach, are particularly vicious and dangerous. They constitute a menace to public and private health. They emasculate the existing Medical Practice Act. They amount to a complete change and amendment of the entire Act. They are hostile to the public welfare. They menace the work and existence of the medical profession.

You represent the intelligent, educated, trained leadership of the state. This position in which you are makes it absolutely necessary for you to exercise the leadership which by right is yours.

You, together and singly, are directly responsible for social welfare and civic improvement in all things pertaining to public health.

Here are nine vicious bills aiming at the welfare of society, and one bill which the malposition of time and circumstances makes undesirable. Defeat them. Defeat them at once. Next month will be too late. *You must defeat them now.* How do it? See that the day you read these words you inform your own Senator and Assemblyman that you request his vote against these bills. Have your friends do the same. Write or telegraph to your Senator and your Assemblyman that the public welfare demands that he vote against these bills and stand for rational, scientific, decent legislation. *Write or telegraph today.*

IMMUNITY.

We are receiving so many communications and verbal requests asking us to advocate various movements, attack this and that abuse, expose certain deplorable customs and conditions and generally abate nuisances, that we believe a real service will be rendered by giving publicity to communications that contain helpful hints and constructive criticism.

We are all accustomed to report contagious and infectious diseases to prevent their spread, and evil customs should also be reported for they are also communicable and not only endanger the "carriers" but those that come within their sphere of influence.

With scarcely an exception our constructive and destructive correspondents tell us their information must be regarded as confidential and their identity remain a mutual secret. The reasons assigned for this secrecy, in most cases, are convincing and altogether obvious. The information and suggestions are often valuable and should be disclosed, even if the names of writers must be withheld. In order that correspondents may be assured immunity and feel free to furnish facts and express their real sentiments on timely topics we have decided to inaugurate an Immunity page beginning with the April issue.

The Journal will express no opinion of and assume no responsibility for the views of "Immunity" correspondents. They must win or lose on their own merits by abounding in their own wisdom, and each reader must appraise each communication for what it is worth and take it for better or worse.

Communications will not be signed when published but the author must be known to the editor. Send on your complaints, your kicks, your knocks, your boosts. We want constructive and destructive criticism. Air your pet hobbies. You are not limited to your own town or the medical profession.

The elder Talmage truthfully said: "Many a man is striving to do by prayer what can only be done by correct diet."

SCRIPTO-DICTO PARALYSIS MEDICORUM?

Doctors, clean your desks and avoid or cure Scripto-Dicto Paralysis Medicorum. Did you ever hear of this new malady?

A group of doctors met recently and one of them addressing his confreres said, "Have you encountered the mysterious physicians' complaint known as Scripto-Dicto Paralysis Medicorum? All confessed that they had not and inquired in chorus, "What is it?" "Three of you have it in an acute form," replied the first physician. "Well, give us your profound diagnostic conclusions," interjected one of the group. "Don't hold us in such intense suspense."

"Scripto-Dicto Paralysis Medicorum is very insidious," said the first physician, "and those who have it worst realize it least. It does not always make them suffer, but it makes others suffer."

"What a delightful disease to have," said one of the doctors who had been listening with an amused air. "Couldn't we give absent treatment to those who had our scripto-dicto what-you-may-call-them pains?"

"This is not a subject for levity," said the first physician. "It is making serious inroads on our best doctors. It attacks the busy doctor and he feels such fatigue after many calls that when he reaches his office he can neither write nor dictate. Correspondence nauseates him, and yet the only remedy is for him to clear his desk and get rid of his correspondence."

"There are two letters on your desk, and three on yours, and one on yours," he said, pointing directly at individual fraternal hearers, "all written by me, all on important subjects, all demanding prompt answers—and all unanswered."

"Say, Professor, I have piles of mail accumulated on my desk that I haven't time to touch," declared a surgeon who had just joined the group. "Another victim of our spreading malady," said the first physician impressively. "And now that I have diagnosed the case, what is the remedy? To cure your present attack assemble all the unanswered correspondence that has accumulated during this period of overwork. Call your stenographer and dictate proper answers to all. Avoid careless expressions that you would not care to see in print. Remember the letters you write may later appear in bold-faced type on the pages of the daily press."

"Why, Professor, you almost persuade me to leave the letters unanswered. I feel a fresh attack of that Scripto-dicto discovery of yours coming on," said a surgeon nervously. "If some of the letters I have carelessly written or dictated in the past were to appear in bold-face type everyone in the community would be laughing but me."

"Well, we'll hope that no evil consequences will flow from past inattention, as I would not enjoy reading some of my hasty dictation in printed form either," said another.

"Yet, you must admit," said the diagnostician, "that a professional man is often measured by the propriety and promptness of his correspondence. So answer your correspondence promptly and prop-

erly. Clean and keep your desks clean, and I guarantee a complete recovery from your present severe attack of Scripto-dicto paralysis medicorum."

STATE PSYCHOPATHIC HOSPITAL.

A bill has been introduced into the Senate by Senator M. B. Harris of Fresno (Senate Bill No. 429), and into the Assembly by Assemblyman Bennett of Santa Clara (Assembly Bill No. 389), providing for the establishment, government and maintenance of a State psychopathic hospital.

The purpose of this hospital as stated in the bill is the study of abnormal mental states, their nature, causes, results, treatment and prevention; education regarding such abnormal mental states; the dissemination of knowledge in such matters; the care, observation and treatment within the wards of such hospital, out-patient department, or elsewhere in the State of persons suffering from insanity and other abnormal mental states; the investigation in any part of the State into the primary or precipitating causes of insanity; to co-operate with local or State authorities and institutions in preventing abnormal mental states and aggravation thereof by unfavorable environment.

As to the location, erection and management of the hospital, the bill provides that it is to be under a "board of trustees consisting of the medical superintendent of the State hospitals, the president of the Medical Society of the State of California, the deans of the medical departments of the University of California and Stanford University, a neurologist and psychologist and two other persons not physicians, at least one of whom shall be a woman, which last four persons named shall be appointed by the governor. The board shall acquire in the name and on behalf of the people of the State of California, lands and rights in lands in the city and county of San Francisco, upon which they shall erect, equip, furnish and maintain a building or buildings suitable for said hospital. The said building or buildings shall be sufficient to accommodate at least one hundred patients and the necessary officers, physicians, nurses and employees, and to provide for general administration, treatment rooms, laboratories and an out-patient department.

"So far as not inconsistent with the provisions for the maintenance of State hospitals the board of trustees shall provide for the government and maintenance of this hospital. They shall provide for such out-patient departments, laboratories, social service, field work and co-operation with public officers and institutions as they may deem necessary and advisable. They shall appoint and define the powers and duties of the director of the hospital and such physicians, officers and employees as they may deem necessary.

"Out of any moneys in the State Treasury not otherwise appropriated, there is hereby appropriated the sum of two hundred thousand dollars, or so much thereof as may be necessary for the preliminary purposes of this bill."

That there are strong reasons for the establish-

ment of a State psychopathic hospital, aside from those of reconstruction and rehabilitation, is attested by letters which have been received from physicians working in the field of psychiatry and neurology and many other citizens since the bill was introduced into the Legislature.

Physicians all over the State should do everything possible to secure the passage of this important measure through communicating with the Governor, their representatives in the Legislature and the Board of Control.

THE LOS ANGELES COUNTY HOSPITAL.

In another column will be found a description of the Los Angeles County Hospital by its superintendent, Norman R. Martin. It is an institution of which the medical profession and other citizens of Los Angeles County may well be proud.

It is to be regretted that an editorial recently in the *Journal of the American Medical Association*¹ reflected seriously on the professional standing and internships of this hospital.

Fuller investigation and better acquaintance with the facts of the case would doubtless have led to a very different judgment.

The situation is very accurately summarized by Dr. Martin as follows: "The average daily population of the Los Angeles County Hospital for the past fiscal year was 1008 patients. It is the only public hospital serving the City and County of Los Angeles with a civilian population of approximately one million people. It treats every disease except smallpox. Since war was declared it has contributed 118 doctors and nurses to the service, this including the Medical Director, Assistant Medical Director, and Superintendent of Nurses. Our internship covers a period of eighteen months and the United States Government drafted our internes in ten to twelve months, making a very difficult situation to meet. The civilian sick had to be taken care of, regardless of these heavy drafts on our professional department, and it was necessary to make temporary appointments from among candidates for civil service examination at the time."

Examinations for internes in the Los Angeles County Hospital are conducted by the Civil Service Commission of the County at thirteen points in the United States, including Los Angeles, Chicago, Philadelphia, New Orleans, Cincinnati, New York, Boston, Minneapolis, Omaha and San Francisco. Under the California State law, osteopaths may qualify for the physicians' and surgeons' license by due examination, and are then entitled to the same rights and privileges as regular physicians. It is therefore not in the power of the hospital to exclude osteopaths from internship, provided they have been certified as eligible by the Civil Service Commission. If fault there be, it lies with the medical practice act as enacted by the Legislature.

In addition to these and other minor circumstances, altogether tending to make the temporary situation in the Los Angeles County Hospital most trying, is to be reckoned the influenza epi-

demic. It was absolutely necessary to care for these added patients at once in the best manner possible. It was absolutely impossible to preserve the exact standards of normal peace times.

Instead of the hospital deserving censure, it deserves full credit for maintaining efficient professional work and for meeting abnormal and excessive emergencies, both in spite of heavy and unusual handicaps.

EDITORIAL COMMENT.

Do not fail to read Dr. Lengfeld's thoughtful and practical reviews each month in the Department of Pharmacy and Chemistry. His warning against "a union suit which fits everybody" is most timely.

In startling contrast to the present-day scientific nurture of boyhood, the Boy Scout movement, etc., is to be noted a Connecticut state law, Revision of 1702, aimed at the small boy on a hot Sunday afternoon. "No person . . . shall swim in the water in the evening preceding the Lord's Day or any part of the said day or the evening following, . . . nor use any game, sport, play or recreation on the Lord's Day. Penalty 10 shillings."

All doctors not now licensed in California, who are, or have been in military service, and expect to locate in California, should read the letter in this issue of the *JOURNAL* from Dr. Pinkham, secretary of the State Board of Medical Examiners.

Our confreres, the dentists, are working for the legal establishment of a system of dental nurses, who would be a powerful influence in the development of preventive dentistry and early thorough oral hygiene. Trained dental nurses would perform simple prophylactic operations in schools, public institutions and dental offices under the personal direction of registered dentists. The idea is strongly to be commended.

The United Fruit Company, which operates a line of fast fruit steamers between Atlantic Coast ports, West Indies and Central America, has found as a matter of business experience that it pays to conduct a modern well-equipped medical department. Twenty-three physicians are engaged in this work and their activities cover the sanitation of ships, terminals, and company industrial developments, the care of sick and injured employees, and the provision of medical service to outside persons where other physicians are not available. Perhaps their most important duty lies in the realm of disease prevention. This is naturally a matter of considerable importance in the tropical regions where the company operates. That it pays is shown by the fact that the percentage of cost of operating the medical department to the total operating cost of the tropical divisions was 0.87 in the year just finished.

¹ Jour. A. M. A., Jan. 4, 1914.

Special Article

BUREAU OF CHILD HYGIENE.

By LOUISE B. DEAL, M.D., San Francisco, Chairman
Child Welfare, California Federation
of Women's Clubs.

For the past three years the California Federation of Women's Clubs has taken a special interest in its Department of Child Welfare.

The State Federation is composed of 40,000 women representing, practically, every community of California. These women are filled with the present-day desire for service. Forty thousand woman-power represents a tremendous force and it rests largely with the medical profession as to whether this force shall be directed to work rationally or whether it shall be expended on fads. To educate the people toward better health conditions is one of the obligations of the medical profession.

Our physicians who are doing public health work in France find that their greatest difficulty arises from the lack of understanding, among the people, of even the simplest laws of health. One of our women who has charge of a tubercular sanatorium writes: "There are in this institution over forty patients, and one bath-tub, and it is extremely difficult to make the patients understand that it is not perfectly right and proper to spit in this one tub."

The women of our State are entitled to a scientific training along all matters pertaining to the home, and our California physicians who have assisted in carrying out our Children's Year Drives and our Baby Welfare Weeks have done much toward this end. More than 540 physicians have given their time and their energy to instructing mothers regarding the betterment of the home.

But there is need for something permanent—a Child Hygiene Bureau, whose business it shall be to aid and direct mothers, assist women's organizations in their Baby Welfare Weeks, and supply reliable information when called upon.

During the past three years I have received scores of letters from all parts of the State, asking all manner of questions regarding home matters. I have done the very best I could with very limited facilities. I have not been able to provide speakers, nor charts, nor movie films, nor nurses, nor a dozen other things that have been asked for, and which would be the equipment of a Child Hygiene Bureau.

Assembly Bill No. 114, a copy of which will be found in this issue of the Journal, comes before the Legislature this session. It fills a great demand in a legitimate way, and is deserving of the active interest of every medical man and woman in the State. If we hope to educate the people in the value of preventive medicine, we must begin in the home; the mother must be taught that it is as much the desire of the doctor to keep the baby well as it is to cure it when it is sick, for it is only in this way that we are able to counteract many of the fads that are growing up in our midst.

The women of the State Federation feel the need of a Child Hygiene Bureau, and for this

reason are asking the Medical Profession to actively assist them in making Bill 114 a law.
69 Fair Oaks St.

Original Articles

A STUDY OF ACHYLIA GASTRICA BY THE FRACTIONAL METHOD.

By ERNEST CLYDE FISHBAUGH, A. M., M. D.,
Los Angeles.

The term achylia gastrica, designating a stomach symptom, was first introduced by Einhorn¹ to indicate a condition in which there was an absence of gastric secretions. Fenwick² in 1877 first described an absence of stomach secretions which he had observed in cases of pernicious anemia. Following Fenwick's original description, Lewy,³ Ewald,⁴ Henry and Osler,⁵ Kinnicut,⁶ Nothnagel,⁷ George Meyer,⁸ and others made valuable contributions to the literature of "atrophy of the stomach mucosa" in which gastric secretions were absent.

Ewald⁹ applied the name anadenia gastrica to a similar condition of the stomach, because he believed the lesion produced a total destruction of the secreting parenchyma.

Other terms such as "atrophy of the stomach" and "phthisis ventriculi" are sometimes used to designate a similar condition.

A fairly characteristic syndrome of symptoms has been pictured by various authors on achylia gastrica, but without a careful study of the stomach secretions at frequent intervals during the digestive cycle, the observer will make repeated error in diagnosis. Different observers have made fairly accurate secretory analysis of stomachs by repeated test breakfasts removed at varying lengths of time after ingestion of the meal. This method necessitated frequent passage of the stomach tube which, to the average patient, was most objectionable. Consequently, the procedure was not generally employed by physicians and many were and are content to make the diagnosis of achylia gastrica upon the finding of no hydrochloric acid in a specimen removed one hour after the usual test breakfast. Patients were advised accordingly and not infrequently the physician was disconcerted to find that his patient did not improve according to his prognosis, his error being due to a wrong diagnosis, based upon insufficient data.

It was not until Rehfuß¹⁰ perfected a simple technique for fractional examination of the stomach contents that the profession had at its command a practicable method with which to make such a diagnosis.

It is the purpose of this study to show that

1. Einhorn, Max: N. Y. Med. Record, June 11, 1892.
2. Fenwick, S.: The Lancet, July, 1877.
3. Lewy, B.: Berliner Klin. Wochenschr., 1877, No. 4.
4. Ewald, C. A.: Ibid., 1886, No. 32.
5. Henry and Osler: Am. Jour. Med. Sc., Vol. 91, 1886, p. 498.
6. Kinnicut, F. P.: Ibid., Vol. 94, 1887, p. 419.
7. Nothnagel: Deutsch. Arch. f. Klin. Medizin, Bd. XXIV, Heft 4-5.
8. Meyer, George: Zeitschrift für Klinische Medizin, Bd. XVI, p. 366.
9. Rehfuß, M. E.: Am. Jour. Med. Sc., June, 1914, pp. 848.
10. Fishbaugh, E. C.: Jour. Am. Med. Assoc., Oct. 28, 1916, Vol. LXVIII, pp. 1275-1279.

repeated examinations taken at various intervals during the period of digestion are necessary in order to demonstrate an absence of stomach secretions. The qualitative and quantitative estimation of pepsin and rennin is quite as essential as the determination of the acidity content.

The technic used in this study was quite similar to that described in a previous communication.¹¹ For the benefit of those who perchance are not familiar with the procedure, a partial repetition would seem justifiable. The patient in a fasting state (nothing is taken into the stomach after retiring the night previous) is given forty grams of water crackers and 300 cc. of water, as a test breakfast, about 50 cc. of the water being reserved to be swallowed with the tube. The Rehfuß¹⁰ or Jütte¹² tube, preferably the latter, is swallowed immediately after the ingestion of the breakfast. The tube remains in the stomach during the entire period of gastric digestion, and at intervals of 20 minutes, 15 to 20 cc. of the stomach contents are aspirated, until the stomach is empty. The specimen from each aspiration is filtered and the gross appearance as regards mucus and digestive changes noted. Measured quantities of the filtrate are titrated with hundredth normal sodium hydroxide, phenolphthalein being used as an indicator in the determination of the total acidity and dimethylaminoazobenzene for the free hydrochloric acid. Quantitative pepsin estimation is made by placing a Mett tube¹³ into a mixture of equal parts of the anacid filtrate and tenth normal hydrochloric acid, placed into an incubator, and the amount of digested albumen measured at the end of 24 hours. Qualitative rennin estimation is made by adding a few minims of the filtrate to 5 cc. of fresh milk, allowing it to stand in an incubator for 10-15 minutes, after which coagulation is noted.

The presence of rennin in this series of examinations has coincided with that of pepsin. In not a single instance was rennin lacking when peptic digestion occurred.

As a basis for this study 56 cases have been selected in which carcinoma ventriculi or cancer of other visceral organs was definitely eliminated. The symptomatology and physical findings of these cases have been so varied that an attempt at classification would be quite valueless as a diagnostic aid. Cases have been included, in which errors in diagnosis would have occurred, had the examination been concluded by an ordinary test breakfast removed within one hour after ingestion.

As noted in a previous article,¹¹ these cases group themselves into three definite classes:

1. Cases showing an absence of hydrochloric acid and enzymes.
2. Cases showing an absence of hydrochloric acid with the enzymes present.
3. Cases showing the presence of hydrochloric

acid and enzymes, but appearing late in the digestive cycle.

Of the 56 cases only 17, or 30%, belonged to the class in which there was an absence of both hydrochloric acid and the ferments, rennin and pepsin. Chart I represents such a case. This is a true achylia gastrica. The emptying time was 2 hours and 20 minutes and the total acidity did not exceed 10. In descriptions of achylia the low total acidity is considered a feature of diagnostic value and should not exceed 10 to 12. However, Chart II shows a total acidity curve which slowly increased to 20 at the end of one hour and 40 minutes, and the stomach was not empty until the end of three hours. There was apepsia and no rennin in this case.

By the usual method of stomach examination, aspiration is necessary before the one hour period in order to secure a specimen of sufficient size for analysis, but in this series of true achylia, the emptying time varied from 40 minutes to 3 hours, with an average emptying time of 1 hour and 43 minutes. The average of 1 hour and 43 minutes is a somewhat more rapid emptying time than observed in normal individuals but not as rapid as usually reported in achylia gastrica. It is doubtful if the stomach secretions ever return in this group of cases. Such cases as have been reported were not examined by the fractional method originally, and consequently the presence or absence of the enzymes in the later part of the digestive cycle was not known.

Twenty-two cases, or 40%, of this series showed an absence of hydrochloric acid during the entire period of stomach digestion, but with pepsin and rennin present in normal or decreased amounts. Chart III represents a case of this class. The total acidity was not over 10, but the secretion of pepsin was practically normal. In this case as in six others, there was no pepsin or rennin previous to the one hour period. It is obvious that aspiration within the first hour would have demonstrated a true achylia gastrica. Later in the cycle, however, the ferment content became normal. In the 15 remaining cases the ferments appeared in the early phase of digestion. The maximum quantity of pepsin in this class of cases varied from 1 millimeter digestion, which is an evident hypopepsia, to normal. The average emptying time for the 22 cases was 1 hour and 57 minutes, one-quarter hour longer than in the true achylia. The prognosis of a return of secretions to normal in this group of cases is better than in the previous one. Chart IV is a case, which on August 1, 1917, showed no free hydrochloric acid but a medium amount of ferments. Chart V shows a normal secretory curve in the same case, 2½ months later.

The remaining 16 cases of this series, or 30%, showed a delay in the appearance of the hydrochloric acid for 1 hour or more, after which the acid and ferments were present. This group forms the so-called spurious or psychical achylia. Pawlow believed that there was a psychical and a chemical secretion during the course of normal digestion. Such being true, it would seem that in this

11. Rehfuß, M. E.: "Modified Gastro-Duodenal Tube," N. Y. State Jour. of Med., Aug. 22, CL, No. 8, p. 349.

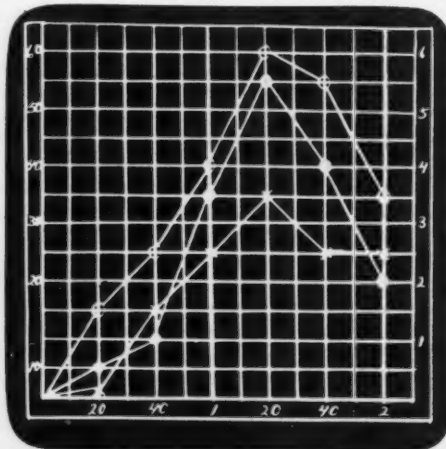
12. Jütte, M. E.: Jour. Am. Med. Assoc., Feb. 22, 1913, Vol. LX, No. 8, p. 586.

13. Mett: Zeit. f. Physiol. Chemie., 1885.

class of cases the psychical secretion was absent and only the chemical secretion present. It is in the spurious achylia that the most frequent errors in diagnosis occur, since by the usual method of stomach examination the test breakfast is removed before the chemical secretion has appeared. Chart VI illustrates the ease with which such a mistake could occur. On April 1, April 2, June 2, June 3,

Chart V.

Case shown in Chart IV, 2½ months later.
Normal secretion.



Explanation of Charts.

Acidity scale on left border. Pepsin scale on right border. Time scale at bottom. Quantity in cc at top.

O—Total acidity.

●—Free hydrochloric acid.

X—Pepsin.

Chart II.

A true achylia with a high total acidity.

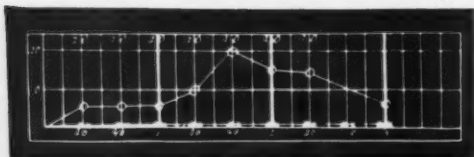


Chart III.

Absence of free hydrochloric acid, enzymes normal but appearing late.

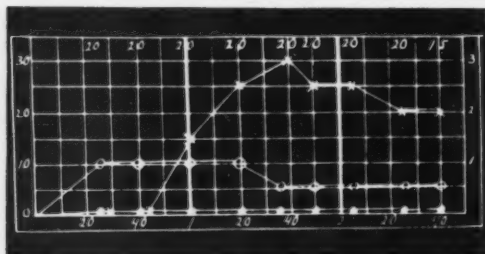


Chart IV.

Case with no free hydrochloric acid but enzymes present, before treatment.

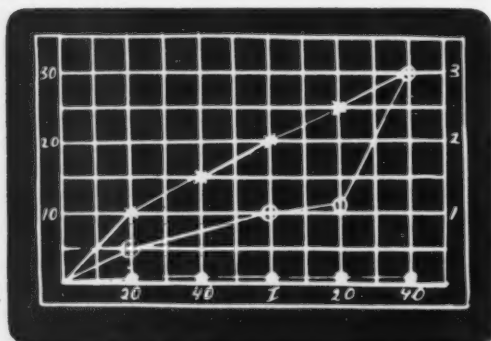


Chart VI.

Delayed stomach secretions.

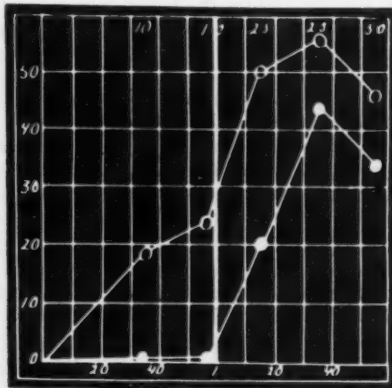


Chart VII.

Delayed stomach secretions with very slow appearance of acid.

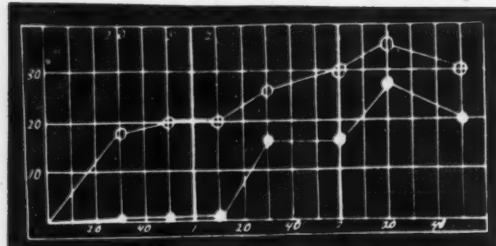
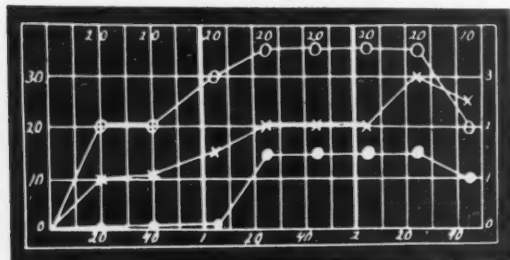
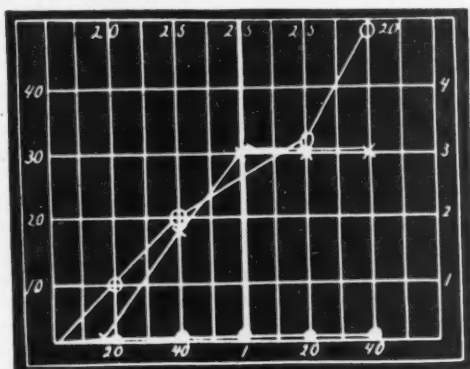


Chart VIII.

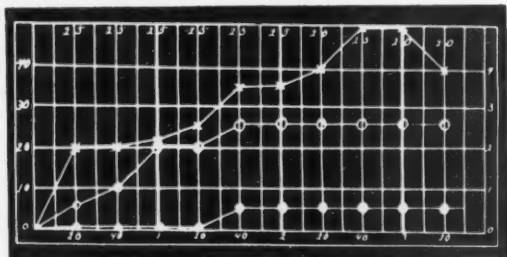
Same as Chart VII, one year later.

**Chart IX.**

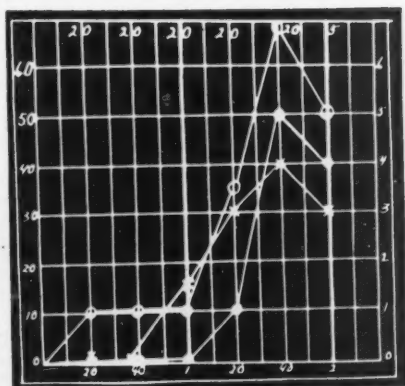
No free acid, normal enzymes. Empty in one hour, forty minutes.

**Chart X.**

Same case as Chart IX one week later.

**Chart XI.**

Delayed acid and enzymes.



and July 12, Ewald test breakfasts were given and removed within the first hour, as later at-

tempts at aspiration with the ordinary stomach tube showed the stomach to be empty. On each occasion there was found to be no free hydrochloric acid and no macroscopic digestive changes in the food. August 3rd of the same year, the patient was examined by the fractional method and this chart shows the findings. The free hydrochloric acid did not appear until the 1 hour and 15 minute interval. During the second hour the acid and enzyme content was normal. The stomach was empty in 2 hours and not, as previously supposed, rapidly emptying. Similar experiences obtained in other instances until it became routine to examine such cases by the fractional method.

Chart VII shows a similar case in which the free hydrochloric acid appeared 1 hour and 30 minutes after ingestion of the test meal and did not reach the highest level until the 2 hour and 20 minute period. The same case examined one year later presented a similar curve of secretion, Chart VIII. The pepsin appeared one hour before the free hydrochloric acid. The emptying time on both examinations was 2 hours and 50 minutes.

Chart IX shows a complete absence of free hydrochloric acid, with a normal total acidity and pepsin curve in a case whose stomach was empty in 1 hour and 40 minutes. One week later, Chart X, the emptying time was 3 hours and 20 minutes. If the curve in Chart IX could have been continued farther, might the free acid have appeared as late as 2 hours, and if not, could this case represent a suppression of both the physical and the chemical secretions?

In 75% of this group of cases, the pepsin appeared early in the cycle of digestion, so that even though a one hour examination alone had been made, the pepsin would have been noted. But in four cases the ferments were also delayed. Chart XI shows such a case. In the first hour the stomach secretions were completely absent, but in the second hour they became quite normal.

The emptying time in the spurious achylia varied from 1 hour and 40 minutes to 3 hours and 30 minutes, with an average, for the 16 cases, of 2 hours and 8 minutes, somewhat longer than observed in the preceding groups.

It is therefore quite evident that the spurious achylia present the greatest difficulties to correct diagnosis by the usual method of stomach examination. Since 30% of this series of cases could have been misdiagnosed by the one hour examination, it seems evident that a more extensive examination is necessary in every case where free hydrochloric acid is not found.

In Conclusion.

1. The fractional method, as above described, is exceedingly simple in technique, causes a minimum discomfort to the patient and affords a maximum data in the least possible time.

2. All so-called achylia gastrica cases should be examined by the fractional method in order to properly group them.

3. The psychical achylia form a large percentage of cases which are easily misdiagnosed by the usual method of stomach examination.

4. The division of achylia gastrica cases into the above groups is of distinct prognostic and therapeutic value.

Chart I.

A true achylia with low total acidity.

HEREDITARY HEMORRHAGIC TELANGIECTASES.*

By F. F. GUNDRUM, M. D., Sacramento.

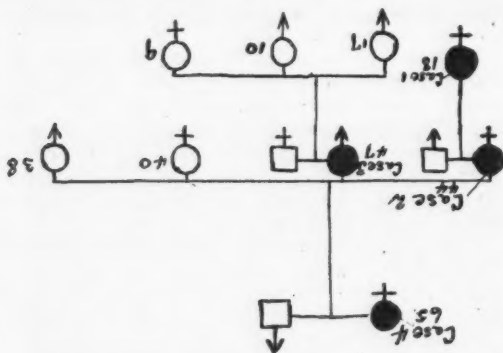
The relative rarity of this remarkable affection so well described by Hames¹ who, in 1909, collected all recorded cases, seems sufficient excuse for a review of its outstanding features and the reporting of an additional family group.

Case 1. Lucy M., October 18, came to me because of chronic, variable pain in right side with tenderness over McBurney's point. Laparotomy by Dr. J. B. Harris disclosed a tuberculous appendix. In the course of the routine examination ten telangiectases, purplish red in color and varying from 0.5 to 3.5 mm. in diameter were noted on the tongue. Upon inquiry she gave a history of quite frequent and severe "nose bleeds." Two small similar telangiectases were found upon the septum nasi.

Case 2. Mother of Case 1, age 44. Well nourished, slightly pale has about forty typical purplish telangiectases on the cheek, ears, eyelids and nose. Five were seen upon the nasal septum. She is subject to severe "nose bleeds."

Case 3. Brother of Case 2, age 47, well developed, healthy; has about twenty "spots" on face and nose, not much trouble with nosebleeds, but must use care in shaving for a slight scratch upon one of these "spots" has caused rapid and prolonged bleeding.

Case 4. Mother of Case 2 and 3; died at 65 from "heart disease," had about thirty similar spots upon the face and was also liable to severe nasal hemorrhage.



I was not able to go any farther back into the history of the family. The California members have been out of touch with the rest of their family connections for many years. There are six other persons in the family, three of them children, who have not as yet shown any signs of this hereditary peculiarity of the blood vessels.

The following diagram gives a schematic résumé. Full dots represent members having telangiectases. Open dots indicate members free from them. Squares denote individuals not included in the hereditary line.

Definition.—A hereditary affection manifesting itself in localized dilatation of capillaries forming distinct spots, apt especially to be found on the face, in the mouth and nose and to give rise to

active hemorrhage either spontaneously or as a result of trauma.

Etiology.—Heredity seems by all odds the most frequent and constant factor. Hames thought that traumatism and the abuse of alcohol were to be included as etiological agents. Neither could have had much of a role in these cases.

Pathology.—A wide dilatation of the vessels of the corium.

Symptoms.—Discrete, reddish and purplish, slightly elevated, sharply outlined spots, blanch on pressure and bleed profusely upon very slight injury.

Diagnosis.—Should present no difficulty; the appearance of these telangiectases is pathognomonic.

Treatment.—Consists of cauterization of all telangiectases with chromic acid bead, heat or other means to destroy the tiny mass of dilated bloodvessels.

Capitol National Bank Bldg.

ELECTRICITY APPLIED IN GYNECOLOGY.*

By OLGA McNEILE, M. D., Los Angeles.

Electricity, like any other single therapeutic agent, is not a panacea for the relief of all pelvic pathology, but it has made itself one of the necessary methods of treatment in the practice of gynecology.

The most important factor to be considered is the proper choice of cases which will be benefited by the use of the current. It is my firm belief that the failures reported are due to the fact, firstly, that enthusiasts apply electricity in nearly every case that comes to their attention, with resulting injury to the patient and discouragement for the doctor, and, secondly, to the lack of care used in the choice of the kind and amount of the current used, and in the poor technique from the standpoint of asepsis.

The galvanic current is the one which gives the best results in the majority of cases. The first thing to decide is whether the positive or negative current is indicated, but this is not difficult when we remember two general principles—the positive current acts as a constrictor, while the negative current acts as a dilator. In most pelvic conditions that are brought to our attention, we find either a relaxed condition of the uterus and adnexa, with the accompanying congestion, hemorrhage and discharge, or the less common condition which resembles a muscle spasm. The positive current will tend to constrict the relaxed tissues, while the negative current will relax the tense tissues. In addition to these mechanical factors, we find a direct chemical action based upon the fact that the positive pole acts as a cataphoretic agent, and will cause a deposit upon the tissues of whatever drugs are chosen for that purpose. The sounds are copper-tipped. If immersed in a ten per cent. solution of sulphuric acid for a few seconds and then dipped into metallic mercury, a copper amalgam

* Reported to Sacramento Society for Medical Improvement, October 15, 1918.

1. Hames, F. M., Johns Hopkins Hospital Bulletin, Volume XX, No. 216, March, 1909.

* Read before the Los Angeles Obstetrical Society, February 12, 1918.

is formed on the sound, and when the negative current is passed through this sound, a deposit of mercury is made at the point of contact, thus causing a direct sterilization of the diseased mucosa.

The technique has for its foundation absolute asepsis, and this is easily maintained by having as small a field of operation as possible, and in intra-uterine manipulations the cervix is the entire field. The speculum is boiled for at least ten minutes. The tenaculum and the sounds are kept in a twenty per cent. solution of lysol, all but the handles being immersed. The speculum is introduced, and the tenaculum, rinsed in sterile water, grasps the upper lip of the cervix. The sound, rinsed in sterile water, is then introduced directly into the cervical canal and up on into the uterine cavity, neither tenaculum nor sound having come into contact with anything but the surfaces to be treated. In infected cases, the cervix may first be painted with tincture of iodine, although this makes the field of operation very dark. I have found it just as satisfactory to paint the cervix and its canal after the treatment is over, although it has not proven necessary for me to use this extra measure against infection.

With the negative pole in the uterus, from twenty to fifty milliamperes are easily tolerated, while with the positive pole in the uterus, from eighty to one hundred and twenty milliamperes are used. A twelve-inch felt pad, partly covered with lead, is placed over the lower abdomen. It is moistened with warm water, and covered with a towel to prevent wetting the patient's clothing. I prefer to allow the patient to wear her corsets during the treatment, since these tend to hold the abdominal pad snugly in contact with the skin, although one must make sure that there is no point of contact between the metal of the corsets and the lead cover of the pad. The indifferent pole is attached to this pad, and the current, which is allowed to run from five to fifteen minutes, must be turned on very gradually. The amount of current tolerated varies in different patients, and may vary in the same patient from time to time, depending upon the amount of moisture in the skin, and upon general atmospheric conditions. It is always better to keep the patient on the table for about five minutes after these treatments. It is necessary to tell them that there may be a slight discharge of blood for a few hours, coming from the puncture of the cervix by the tenaculum.

I have divided the cases in which I think electricity is indicated into six general classes, and will discuss the indications and technique of each class separately, since there are minor variations to be considered.

1. *Dysmenorrhea* is the condition most commonly treated in nulliparous women. The first step in the treatment of this condition is to determine the exact cause of the pain, since dilatation of the cervix will not materially effect a dysmenorrhea caused by ovarian inflammation, or one due to a lack of the normal balance between the various glands of internal secretion. The nega-

tive intra-uterine current is only indicated in that form of painful menstruation which is found associated with a true cervical stenosis, acute ante-flexion or an infantile uterus. This form of dysmenorrhea is characterized by intense cramping pains preceding the establishment of the flow, may continue from a few hours to a few days, and is relieved as soon as the flow becomes free. In other words, the pain is the result of an attempt of the uterus to slightly dilate the cervix, which is necessary in order to establish free drainage. This dilatation may cause pain as severe as that of the first stage labor pains, and renders many young women unable to follow any regular occupation. In these cases, I dilate twice a week for one month, beginning with the smallest sound. After two treatments the next larger sound passes the internal os very easily. After eight or ten semi-weekly treatments, one dilatation is given just preceding each period for about eight or ten months. Relief from pain is experienced after the third or fourth treatment, and dilatation is continued solely to overdilate the cervical canal, in order that it remains normal in width after the inevitable contraction occurs. The advantage of electrical dilatation over forced dilatation under anesthesia is that in the former the muscle fibres are stretched, while in the latter they are broken, so that in the former practically no scar tissue, with its marked contraction is formed. Therefore, gradual dilatation means a permanently enlarged cervical canal, while forceful dilatation often means a canal smaller than at the time of the operation. The following is a typical case illustrating the above class of cases:

Miss S.—38 years old. Since beginning of her menses, has had "cramps" for six or eight hours preceding the flow. Examinations disclosed an acutely ante-flexed uterus, with a long cervix and a very narrow canal. The cervix was dilated once a week for seven weeks, with complete relief of the dysmenorrhea, which relief has persisted for four years after the original treatments.

In embryonic, or infantile, uteri, this line of treatment enlarges the uterus in a decided manner, provided there are no marked abnormalities in the ovaries. This enlargement is due to the congestion which the current produces; in other words, increased nourishment causes a stimulation of the production of new tissue. Although it does not develop the uterus in every case, it is the only agent I have found that will give any results. All these cases are put on extract of corpus luteum during the entire period of treatment.

Miss M.—25 years old. Never married. Menstruated for one or two days regularly until four years before treatment was instituted. In those four years, there was not even a show of blood, and the patient suffered all the reflex symptoms common to the menopause. Examination revealed a uterus about half the normal size, acutely ante-flexed, and with a cervix no larger than the first joint of the little finger. This case was dilated weekly for a period of three months, then monthly for one year. After two months' treatment, a two-day period was established which continued regularly ever since. The uterus is now normal in size. This girl received both ovarian extract, and one-grain doses of potassium permanganate

by mouth during the entire period of treatment.

2. In *multipara*, the commonest complaint is bearing down, backache and nervousness, nearly always found in cases of subinvolution, with or without retroversion, following child birth or abortion. If the perineum and cervix are badly lacerated, as they too often are, a plastic operation alone can effect a permanent cure, although the results of such an operation are better if the uterus is first reduced in size to nearly normal. In cases where the perineum and cervix are good, or where the patient refuses operation, the positive intrauterine current shows its greatest effect. The size of the uterus becomes normal after from two to eight applications. If retroverted, it can then easily be replaced and held in position with a pessary, which must be worn from one to three months in order to enable the uterus and adnexa to entirely recover their tone. The general treatment in cases of subinvolution consists of rest, knee-chest position, ergot and laxatives, while locally, magnesium sulphate or glycerine are applied by tampon for their dehydrating effects.

Mrs. S.—25 years old. Three children, youngest eighteen months old. Menstrual flow very heavy for past six months, combined with backache, pain in left inguinal region, and leucorrhoea. Uterus was found double the normal size and retroflexed, but movable. Four treatments were given, running the positive current into the uterus for ten minutes each time. At the end of this time, the uterus was normal in size, and the next period was normal in amount. The uterus was then replaced, and a pessary fitted. The pain on left side was relieved, and was due to dragging on adnexa. Wore pessary four weeks only.

3. *Hemorrhage* is a common symptom in women who come to the office for treatment, either as a result of chronic endometritis, or following abortions or even child-birth. The old idea was that all such women needed an immediate curettage, but the positive intrauterine sound acts in these cases much the same as in subinvolution cases. The current causes a contraction of the uterine muscle fibres, clots and shreds of membrane are expressed and the hemorrhage soon ceases. Pure tincture of Iodine is applied to the uterine mucosa, and two or three treatments, a few days apart, are sufficient to restore the uterus to normal.

Mrs. V.—25 years old. Has three children, the youngest of whom is nineteen months old. Ever since last labor, she has had continuous cramps and a slight flow. Uterus was found soft, tender and twice its normal size. After two treatments, all pain and bleeding stopped.

The hemorrhage we find in certain cases of fibromata of the uterus are often controlled by prolonged application of from 100 to 120 milliamperes of the positive current. This makes an ideal preparation for future hysterectomy, lessening the high mortality of that operation by giving the patient a fairer chance, since prolonged hemorrhage lessens resistance to shock more than any one single factor. I have also had good results in cases refusing operation, and after six months' persistent treatment have reduced the size of the tumor to such an extent

as to relieve the patient entirely from pressure symptoms. Whether or not it is justifiable to advise the treatment of many cases of fibroids of the uterus, I have not as yet decided. Some cases have shown almost wonderful results, while all cases have responded in some degree to the treatment. The length of time required to reduce such tumors is the great difficulty, since few women have the necessary patience to persist in the treatment long enough to obtain any appreciable results. After all, every abdominal operation has its definite mortality, and would it not be safer to attempt the reduction of such benign growths, provided always that there is no other definite indication for immediate operation? All cases hemorrhaging from fibroids are given ergot and mammary extract, as well as the necessary iron preparations.

Mrs. P.—48 years old. Had hemorrhages from large intra-mural fibroid for the past five years, growing worse from month to month. Had just had a radical operation for carcinoma of the breast, and was in no condition for hysterectomy. This patient received two and three treatments a week for a period covering six months. All bleeding, except a normal flow, stopped after two months, and at the end of six months, the tumor was found to have shrunken to about one-third of its former size. The menopause was established, and the woman gained sixty pounds in weight. That was five years ago, and, although I examine her every six months, there has been no increase in size.

4. *It is in the inflammatory conditions* of the pelvic organs that the greatest care and skill are needed to decide whether or not intra-uterine manipulations are safe. In a general way, I have found that wherever laparotomy is deemed a fairly safe procedure, electrical treatments do no harm. The day of operating acute pus tubes, or curetting every case of septic endometritis, fortunately is passed, since the consensus of opinion now seems to be that the mortality and morbidity are lower if we wait until a protective zone has been formed. After this, it does no harm to gently manipulate the pelvic organs. If the endometrium alone is involved, I dilate the cervical canal sufficiently to allow an application of pure iodine to the entire uterine mucosa, the preliminary dilatation also providing the necessary drainage. Three or four such applications are usually sufficient to clear up these cases.

Salpingitis has meant the needless sterilization of thousands of women. They come to us with chronic tubal trouble, often of years' standing, and because they have suffered so long, a month or two will make no great difference, and that period of time will be sufficiently long to make one last effort to save the tubes. If we find a couple of pus tubes the size of oranges, with dense adhesions to all the surrounding structures, any palliative treatment would be a crime. But in those cases where we have distinct tubal tenderness with some enlargement, but without fixation, especially if we have a positive history of gonorrhea, it stands to reason that if we can apply some preparation of silver to the tubal mucosa we would get results, and we do get them.

I do a preliminary dilatation in order to insure good drainage, and to permit the easy introduction of a syringe. I use an ordinary one ounce, glass, catheter-tipped syringe. The tip is introduced into the uterine cavity, and from one to four drachms of a 25 per cent. solution of argyrol is slowly injected. The tip of the syringe is held tightly against the external os, to prevent the return flow of the drug during that time. We know that the drug enters the tube, because the patient has pain which begins near the uterus, and travels away from the median line. Radiography is another proof, and in cases thus injected and operated upon immediately afterwards, the injected drug may be seen exuding from the fimbriated end of the tube. The objection to this treatment is that any drug which might reach the peritoneum would tend to cause peritonitis, but when we consider that the peritoneum can well tolerate bichloride solutions, ether, and various preparations liberating formaldehyde, I do not see any logical reason why the peritoneum cannot equally well care for a few drops of iodine or argyrol. If some of the organisms in the tube were virulent, and were carried to the peritoneum, it should be able to care for the infection as well as it does after any salpingectomy, where there are surely many organisms liberated from the cut and bruised tissues removed.

This treatment is only given once in every two weeks, in order to enable the local reaction to subside between treatments.

During the entire period, the patient receives vaccine, the kind given depending upon those organisms found by making smears or cultures. Long, hot douches, in the recumbent position, with the water running at very low pressure, are helpful in breaking up newly-formed adhesions. Any drug may be added to the douche, its real therapeutic effect depending upon the prolonged application of heat. Hot sitz baths are a great help, especially for the relief of pain. The electricity in these cases helps in two ways—it makes intra-uterine and intra-tubal applications of specific drugs possible, and also causes an intense local hyperemia, and, after all, the free circulation of pure blood does more than we can estimate in the care of infections:

Miss D. F.—25 years old. Acute attack of gonorrhea six months ago. In bed for six weeks. Acute tubal infection while in hospital. Advised to have both tubes removed as soon as temperature became normal. Refused operation. I began treatment after acute symptoms had subsided for two months. Vaginal discharge still very profuse, and filled with gonococci. Both tubes enlarged and tender. After twenty treatments, half of which were intrauterine and intra-tubal, all pain has ceased, and the tubes feel normal to the touch. Patient is now able to work and earn her own living, and has hopes that she may have children some day. Whether this girl will ever have a baby, remains to be seen, but at least she has a sporting chance this way, where she had no chance if operated upon.

5. *It is in sterility cases* that we see the best results from electricity, that is, in those cases due to a true stenosis of the cervix, acute antelexion,

subinvolution, infantile uterus and mild tubal infections. Before any treatment is instituted, the husband must be examined, for it has been my experience that nearly fifty per cent. of sterility is due to the husband. We also examine the vaginal secretions, as well as those of the cervix and uterus, from two to six hours after coitus, whenever possible, as an additional aid to diagnosis. The technique for these various causes of sterility have been discussed elsewhere, so I will not repeat them. The general treatment of these cases consists in the proper instruction in sex-hygiene, reduction of superfluous weight, the increase of the hemoglobin where necessary, and gymnastics, or swimming. Internally, either mammary, thyroid or ovarian extract, or a combination of these three substances, is given over a long period of time.

Mrs. O.—25 years old. Married five years. Russian, and very anxious to have children. Stenosis of cervix and acute antelexion. Dilated four times. Conceived two months later, and was delivered of a full term baby, by Caesarian section, one year after first treatment was given.

6. *The last class of cases* may be grouped under the heading of "ovarian insufficiency" or cases of a very early and abnormal menopause. I have found women, of from eighteen to thirty years of age, having menstruated regularly for years, become suddenly more and more irregular, until they go from three months to one year without any flow, in the meanwhile experiencing all the reflex disturbances of the menopause, but usually in a very aggravated form. Of course, the first thing to do in these cases is to rule out all possibility of pregnancy, which is only done by watching the case for about two months, without attempting any treatment. If the condition has not been of long standing, ovarian extract or the extract of corpus luteum may be sufficient to re-establish menstruation, but when the condition has progressed a year, or longer, glandular therapy alone is not sufficient. I add to all general measures a monthly dilatation, a few days before the date of the menstrual period. After six months, I discontinue treatment for a few months, largely as a guide for future work. In most cases, the flow remains regular and normal in amount. If not, a few more treatments are given, most women preferring this method of treatment to a premature loss of all sex functions. I do not attempt to explain the reasons for the results in this class of cases, except that I believe it due to the intense local hyperemia produced, and perhaps by some direct stimulation of the ovaries. However, since it preserves the patient's sex life, enables her to become pregnant, and, often most important, keeps her from getting fat, it has proved a great aid in my work.

Mrs. S.—28 years old. Two children, younger six years old. For past three years has only been flowing once in every two or four months. Flow very scant. Nervousness extreme. One treatment before each period for six months has established a fairly regular flow, for now she only occasionally misses one month.

In conclusion, let me discuss briefly some of

the objections raised against this form of treatment in gynecology:

Some will immediately say that electricity in some form or other has been used by quacks since time immemorial. Quacks operate as much as we regulars do, but no one calls every surgeon a quack.

Others, label as abortionist any physician who has an intra-uterine sound in the office. No physician has ever practised his profession for even a short period of time without having been called an abortionist, either by a vindictive patient upon whom he has refused to do an abortion, or by some kindly brother-practitioner, who has his own private reasons (?) for the remark. What people say really makes very little difference. If we can cure even a few by a method of treatment more or less in disfavor, we must be broad-minded enough to rise above such trivial standards.

The treatments, in the majority of cases, are more or less painful, depending to a large extent upon the patient's temperament. The best policy is always to tell them that it will hurt, and let them choose before you begin your course of work.

The danger of infection has been fully discussed. If we use the same care in doing any office work that we do in the hospitals, where the nurses watch us, there is no more danger of infection than there is in the surgery.

The last objection raised is that it requires too much time to give treatments of this kind. But the fees for this class of work are, of course, higher than for the standard local treatment, and besides, in the long run, it pays better to entirely cure one case, than to half-cure a dozen.

In conclusion, let me make this positive statement: that the Galvanic current in gynecology is the best single therapeutic agent which I have ever used, and in conjunction with organotherapy, serum-therapy and general hygienic measures, has saved many women from the pain, the horrors, and the uncertainty of the operating room.

SOME INTERESTING SURGICAL CONDITIONS OF THE KIDNEY AND PROSTATE.*

By WILLIAM E. STEVENS, M. D., San Francisco.

Renal Tuberculosis in Children.

The impression is general, even among urologists, that tuberculosis of the kidneys is uncommon in children because in most statistics the ages vary from fifteen to forty years. In my opinion this idea is an erroneous one and arises because of the neglect to examine the urine for tubercle bacilli and the disregard of our more modern urological diagnostic facilities such as cystoscopy, ureteral catheterization, radiography, pyelography and functional kidney tests. Contrary to the opinion of many, a careful microscopical examination of the urine will disclose the presence of tubercle bacilli in a large majority of patients whose kidneys are

infected with this organism and the systoscope can be used in male children as young as sixteen months and the ureters catheterized under three years of age. Females fourteen months of age have been cystoscoped and the ureters catheterized in those of twenty-two months.

We should not be satisfied with a diagnosis of cystitis, which is a symptom rather than a clinical entity, or with that of pyelitis, notwithstanding the fact that the latter is a frequent cause of urinary disturbances in children. The importance of the early detection of renal tuberculosis at the time when it is confined to one kidney and surgically curable in at least eighty per cent. of our cases can not be underestimated.

Although a nephrectomy is not to be lightly undertaken it is nevertheless an operation of necessity in cases of unilateral tubercular involvement. While hygienic and tuberculin treatments are justifiable in cases of advanced bilateral infection, or when operation is absolutely refused, permanent results are seldom obtained with these methods, although many cases in which marked temporary improvement has occurred have been published by a number of observers, one of whom has reported a series of fifty cases clinically cured with tuberculin.

The first case to which I wish to call attention is that of a school girl, nine years of age, who complained of frequent urination and slight pain in the left hip. Her family history was negative. With the exception of the year previous to nine months ago she had always suffered from frequency aggravated by exercise or excitement.

The pain in the hip followed an injury five months before and she had been under treatment for tuberculosis of that joint for the past month.

Examination of the heart, lungs and abdomen was negative.

Catheterized specimens of bladder urine contained a moderate number of pus and blood cells and tubercle bacilli were demonstrated by microscopical examination and guinea pig inoculation. Culture of the urine showed a scant growth of bacillus mucosus capsulatus and a few colonies of pneumococci. Cystoscopy revealed a small ulcer partially surrounding a golf hole right ureteral orifice. It was impossible to introduce a catheter over one half centimeter into this ureter on account of stricture. The left ureter was catheterized to the pelvis. The urine from the left kidney contained a few pus cells and Gram positive diplococci but no tubercle bacilli could be found on microscopical examination or animal inoculation.

The phlorizin and urea functional kidney tests showing normal values on the left side an enlarged irregularly shaped right kidney was removed, under gas oxygen anaesthesia.

The wound had healed by the ninth day and the patient was permitted to leave the hospital on the twelfth day following operation.

As can be seen by the specimen the kidney was almost completely destroyed by the caseating cavernous type of infection which was evidently of long duration.

* Read before the San Francisco County Medical Society, November, 1918.

Case 2. A boy thirteen years of age entered the hospital for the removal of adenoids. He had suffered from frequency of urination, occasional night sweats, weakness and loss of weight for the past year. His mother probably died of consumption.

When two and a half years of age a gland was removed from his neck. The tonsils were removed one year ago.

A number of pus cells were found on routine examination of the urine and similar results were obtained from catheterized bladder specimens and in addition a number of tubercle bacilli were demonstrated.

As the meatus was too small to permit the passage of even a small catheterizing cystoscope it was incised under local anaesthesia. Cystoscopy a few days later disclosed a normal bladder wall. Both ureters were catheterized to the pelves and a number of tubercle bacilli found in the urine from the right kidney. That from the left was negative. Indigo carmine injected intramuscularly appeared on the left side in eight and a half minutes and on the right in twenty-six minutes.

The right kidney was removed and four large tubercular cavities found. The patient was out of bed the seventh day, the wound had healed on the fourteenth day and he was discharged from the hospital on the twentieth day following operation. He gained seven pounds in weight during the next two and a half weeks.

These cases emphasize the importance of the early examination of the urine for tubercle bacilli in every child with urinary disturbances. They are of interest because of the advanced tubercular infection occurring at such an early age.

The next case is interesting from a diagnostic standpoint. The patient, a girl of fifteen, entered the hospital complaining of pain in the right lumbar region and the upper and lower right abdominal quadrants.

Family history negative. She had been treated fourteen months before for pain in the right lumbar region, accompanied by pus in the urine.

Her temperature, pulse, urine and blood count were normal. Tenderness was somewhat greater on deep palpation at McBurney's point. Radiography showed five or six shadows, probably due to calculi in the region of the left kidney pelvis. Pyelography revealed an enlarged right renal pelvis. Indigo carmine injected intravenously appeared at the left ureteral orifice in five minutes but none could be detected on the right side in one-half hour. Further examination was refused.

Following a provisional diagnosis of appendicitis the abdomen was opened and an appendix not definitely pathological removed.

Notwithstanding the abnormal condition of the upper urinary tract the lumbar and abdominal pain disappeared following the appendectomy.

In view of the findings treatment directed toward the urinary tract would have been justifiable but probably no improvement would have resulted. On the other hand a more common mistake is the removal of a normal appendix following a diagnosis

of appendicitis in pathological conditions of the right ureter and a kidney.

Renorenal Reflex.

The first of the following cases is illustrative of the renorenal reflex. The existence of this symptom has been questioned by some authorities but the report of a number of authentic cases proves that although much less common than vesicorenal reflex it undoubtedly occurs.

A. H., a male thirty-eight years of age entered the hospital complaining of pain in the right lumbar region and the upper and lower right abdominal quadrants. During the past fourteen years he had occasionally passed gravel and noticed some blood in the urine. He had a poor appetite and was weak. Examination of a catheterized specimen of bladder urine revealed a few pus cells but that from the right and left kidney was negative. Radiography and pyelography revealed the shadows of two calculi in the upper pole of the left kidney. Comparative and total functional kidney tests gave normal values. Following nephrotomy and removal of the calculi from the left kidney the pain entirely disappeared from the right side and has not returned.

Prostatic Calculus.

The following case is of interest because of the unusual size of the prostatic calculus. It weighs over fifty grams. Formed primarily in the upper urinary tract it probably lodged in a pouch or diverticulum of the prostatic urethra, there increasing in size. True prostatic calculi on the other hand are formed in the gland proper, are much smaller and are usually multiple. I have succeeded in removing a number of the latter as well as smaller stones in other portions of the urethra with long urethral forceps through an endoscope.

This patient was a laborer thirty-two years of age who entered the hospital suffering from frequent and painful urination. He also complained of soreness in the perineum, worse at night, pain in both lumbar regions, worse on the left side, and diarrhea.

A sister had tuberculosis.

He had contracted gonorrhea twelve and again five years ago.

His symptoms began one and a half years ago. He passed some gravel seven months ago. For the past six days it had been impossible for him to work on account of weakness and diarrhea.

On attempting to introduce a soft rubber catheter an obstruction was encountered in the prostatic urethra and agonizing pain of several minutes' duration resulted. On the following day an unsuccessful effort was made to introduce the cystourethroscope, first under local, then under general anaesthesia. A metallic click was elicited by contact of the instrument with a hard foreign body which completely obstructed the ureter. Seven hours later, no urine having been voided and the abdomen being distended and painful, the urethra was opened through the perineum and a large calculus grasped with forceps. During the attempt at removal the stone was crushed and as it was

impossible to remove some of the larger fragments which were wedged in the urethra at the neck of the bladder and as no urine had escaped, it was considered advisable to open the latter suprapubically. All fragments of the calculus were then removed and a retention catheter readily inserted through the external meatus into the bladder. The patient is now up and around, seventeen days after operation; he passes urine without distress through the urethra and the wounds are healing rapidly.

Prostatic Hypertrophy

The history of the following case is typical of the majority of cases of prostatic hypertrophy. It is interesting to note however that notwithstanding the enormous size of the gland and the complete retention of urine the patient had not complained of subjective urinary symptoms previous to a few days before entering the hospital. The specimen weighed two hundred and fifty-six grams and is the largest I have seen recorded. It was impossible without section to remove it through the opening in the bladder wall. Convalescence following operation was prolonged but complete recovery resulted. When seen a few months later the patient said that he felt and he certainly looked many years younger.

Shreve Building.

Los Angeles County Hospital

By Norman R. Martin, Superintendent of Los Angeles County Charities and Hospital.

We have many daily requests for information regarding the operation of the Los Angeles County Hospital and the working organization of the Los Angeles County Department of Charities; and it may be interesting to your readers to know that the department consists of all the public charities which are supported or maintained by the County of Los Angeles, including the County Hospital, the County Farm, Olive View Sanatorium, the County Cemetery and all outdoor relief—the latter including since July 1, 1915, the relief work of the City of Los Angeles as well as that of the county. Each activity is designated as a "division" of the department. There is no private relief organization that cares for great numbers of the indigent class, as in other large cities, and this county organization attempts to perform all the functions ordinarily performed by both public and private relief societies.

The department is strictly non-political and non-sectarian. All purchases are made through the County Purchasing Agent on formal written requisitions, approved by the Superintendent of Charities. The county charter prescribes that "the Superintendent of Charities shall be under the direction of the Board of Supervisors, and shall exercise a general supervision over, and enforce rules and regulations for the conduct and government of the charitable institutions of the county." All employees of the department are selected from eligible lists furnished by the Civil Service Commission and are appointed by the Superintendent of Charities. The Superintendent of Charities is selected from similar eligible list and appointed by the Board of Supervisors.

The Los Angeles County Hospital is located at 1100 Mission Road, Los Angeles, and consists of thirty-five acres of land with twenty-two buildings, costing with equipment approximately two million dollars to date. Its equipment is modern and up-

to-date. This hospital is the third largest institution of its kind in the United States, consisting of 1283 beds and caring for upwards of 1000 patients at all times, which population increases during the winter months to capacity.

It must be understood, however, that other large cities the size of Los Angeles have many similar institutions, where it has none. The county takes care of all the sick poor of both city and county, and this in a community of nearly one million people, naturally requires larger quarters than when there are duplicate institutions. There is still another reason for the great demand for entrance to this hospital, viz., all classes of disease are admitted except smallpox. More than 14,000 patients are admitted and discharged each fiscal year. Fifty-seven different nationalities were treated last year; 59 per cent. were of American birth and 41 per cent. alien. To care for this small village of patients requires over 30 graduate physicians, 175 nurses and 200 miscellaneous officers and employees. There is a large staff of attending physicians, consisting of the leading medical men of the city, all of whom serve without compensation. A three-year training school for nurses is maintained, upon a high standard.

Formalities connected with patient admittances are practically done away with. The applicant presents himself or herself at the hospital, if able to do so; otherwise an ambulance is sent. The patient is examined by an admitting physician; the personal history and some clinical data are taken immediately; and after certain examinations and bath the patient is transferred to the proper ward. Four ambulances are in constant service.

One hundred and forty employees are organized into fire companies, and fire drills are held weekly. Fire-alarm boxes auxiliary to the city system, and connected therewith, are installed in each building on the grounds. An alarm automatically blows a whistle in the power plant upon a code signal system, indicating the location of the fire. At our request, the City Fire Department supervises hospital drills from time to time. All equipment, including hose, nozzles, hydrants, ladders, fire extinguishers, chemical wagons, etc., are standardized with the Los Angeles Fire Department equipment, obviating any delays in fighting fire. In a recent test, forty stretcher patients were taken from one of the buildings to a place of safety in two and a half minutes.

A most up-to-date psychopathic hospital, which is considered the best upon the Pacific Coast, and the equal of Boston and Baltimore, is a portion of the institution. Here hydrotherapy treatment is given while inmates are under observation before commitment to a State institution. A court-room for the examination of patients by the Lunacy Commission is provided in this building, to do away with the necessity of transferring such unfortunates to and from the Court House for their examinations.

An observation cottage houses children who are brought to the hospital and upon whom diagnosis has not been positively determined. If they are suspected of being affected with some contagious disease, they are retained in this department until that fact is determined, thus preventing the spread of contagion in the regular children's department. If contagious disease develops, they are then taken to the proper contagious ward.

The children's ward is always an interesting as well as pathetic feature. There is a room in connection with the ward where these children receive the heliotherapy treatment. Some of these little ones are stretched on frames and strapped on different kinds of supports and extension apparatus for months on account of diseased spines or hips, or broken bones. They are always delighted to see visitors, as many of them have no friends. A recent innovation has been to employ a teacher to give them elementary instruction, and at certain

times of the day those who are able to get out on the grounds are taken by this teacher, who reads to them and amuses them in various ways.

The X-ray department has been equipped with the very latest and most complete appliances, including the necessary equipment for fluoroscopic examinations for stomach and intestinal affections.

The pathological department consists of two laboratories, one for the daily record work by internes and the other for more minute, extensive or complete tests, such as Wassermann tests, and the making of serums, vaccines, etc. Chemical analysis of water, milk, etc., is also made in this department.

One dentist and one oculist are valued adjuncts.



The Los Angeles County Library has established a branch in connection with the hospital, where patients may secure papers and books. One of the librarians makes daily rounds of the wards and supplies the wants of patients who are permitted to read. The patients in contagious and tuberculosis wards are not allowed to use the books in circulation in other wards, but have a separate supply. Particularly for hospital staff use, extensive medical and surgical journals are supplied.

The leper colony is an interesting feature to some persons, although visitors are not allowed in the enclosure. It is the only such colony in the southern part of the State, and generally has from five to eight inmates. The men raise some vegetables and flowers and try to make the place livable and a little brighter.

There is a social service department at the County Hospital, with three employees. This department is doing excellent and remunerative work. There is no question but that a well-organized hospital service department increases to a marked extent the efficiency of the hospital. In her work, the social worker is an aid to the physician in ascertaining circumstances which may have a bearing on the condition and the treatment of the patient. She is also an aid in following up such patients to see that advice is carried out and such home conditions secured as are suitable for complete recoveries. An important function of such workers is to supply the human touch which is so often needed to counteract the institutional atmosphere of systematic, machine-like operation.

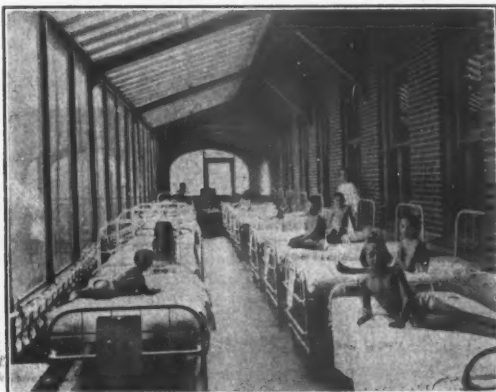
Constant religious services and ministrations are furnished by Protestant clergymen and Catholic priests, who are paid by outside agencies. A chapel upon the grounds is available at all times.

A new power plant, costing about \$100,000, has just been completed. Ample facilities are provided thereby for the generation of electric current, vacuum cleaning, steam heating, laundry work, etc.

A new service building has just been completed and is practically ready for occupancy, costing ap-

proximately \$125,000. This is a five-story-and-base-building, fire-proof, with the kitchen on the top floor, modernly equipped in every particular. At the present time we have eleven dining rooms and five kitchens upon the property, and these will all be housed in the new service building when it is put into operation.

Work has just been commenced upon the first unit of a new, modern and up-to-date nurses' home; present contract, \$50,000. It is expected that the completed institution will cost approximately \$150,000. In addition to the sleeping quarters, it will contain ample class rooms, demonstration rooms, laboratory, social quarters, recreation facilities, etc.



CHILDREN'S SUN ROOM

As an adjunct of the County Hospital we are now constructing a new tuberculosis sanatorium, called "Olive View," four miles from San Fernando in the valley of that name, and twenty-five miles from the County Hospital. This is located at an elevation of 1500 feet with a beautiful valley and mountain view, and many ideal conditions for the class of patients it will accommodate. We expect it to be ready for occupancy about July 1, 1919.

We are always glad to answer inquiries regarding our work and show about the institution visitors who are interested in a friendly way, health conditions permitting.

1100 Mission Road.

TUBERCULOSIS AFTER INFLUENZA

According to Mrs. E. L. M. Tate-Thompson, Director of the bureau of tuberculosis of the State Board of Health, California will be obliged to increase the number of its beds by at least one-third in the tuberculosis sanatoria of the counties. Patients who have not made a complete recovery from influenza and pneumonia will find the aftermath, in many instances, to be tuberculosis. Already some of the counties are making haste to provide more beds. Considering the fact that no community in the state escaped the epidemic, much work will need to be done by the city and county visiting nurses in following up by house visits the people who were ill, and in warning them that the utmost care must be taken of themselves, and to observe whether they need a physical examination to detect tuberculosis. This is the time when an ounce of prevention is worth a hundred pounds of cure. The unaccounted tired feeling, the loss of weight and appetite are danger signals that must be heeded. The public must have at least learned by this time that it is well to beware of the man and woman who cough and sneeze in the faces of people near them.

Book Review

A Handbook For School Nurses. By Kelly and Bradshaw. 109 p. New York: Macmillan Co. 1918. Price \$1.00.

This concise and splendidly written handbook is a valuable acquisition to the subject of health work in the school. The school nurse is now universally considered a most potent auxiliary to modern educational methods, and sine qua non to the successful administration of health work in the schools. Many of her activities, particularly those of a social worker, can not be properly recorded. She is one of the greatest ameliorating forces in the entire field of preventive medicine because she works among the children who are the potential citizens of tomorrow.

T. D. M.

Surgical Clinics of Chicago. Volume 2, Number 6 (December, 1918). Octavo of 203 pages, 63 illustrations. Philadelphia and London: W. B. Saunders Company. 1918. Published bi-monthly. Price per year; paper, \$10.00; cloth, \$14.00.

Contents: A. D. Bevan: Acute necrosis of the thyroid gland. Senile gangrene. Undescended testes. Chronic vicious cycle following gastroenterostomy. Prostatic Obstruction. Rupture of Urethra. T. J. Watkins. Perineorrhaphy—a simple and efficient operation. G. E. Shambaugh: Discussion of clinical problems relating to faucial tonsils. A. J. Ochsner: Compound comminuted fracture of both bones of leg. Plastic on face. H. L. Kretschmer: Hemetura and purpura. Carl Beck: Reconstruction of ears and nose. L. L. McArthur: Fibromyoma of stomach simulating stomach ulcer. C. M. McKenna: Ureteral stone—subsequent history. Varicocele operation. Stone in bladder complicated by a colon bacillus infection. M. A. Bernstein: Treatment of early and late infections of the hand and fingers, with special reference to tendon transplantations. Acute infection of little finger. Acute infection of index finger. Destruction of tendons as a result of an infection of the ring finger—tendon transplantation. Ankylosis of index finger.

Medical Clinics of North America. Volume 2, number 2 (September, 1918). Octavo of 330 pages. Philadelphia: W. B. Saunders Company. 1918. Published bi-monthly. Price per year, \$10.00.

W. C. Gorgas: Clinical research in United States army base hospital. W. W. Hamburger: A study of the epidemics of pneumococcus infections, and streptococcus infections, and measles, at Camp Zachary Taylor, 1917 to 1918. W. G. MacCallum: Pathology of the streptococcal pneumonias of the army camps. E. H. Goodman: Results of the examination of 23,943 drafted men by the cardiovascular board at Camp Jackson, S. C. Channing Frothingham: Function of a base hospital in a national army cantonment. W. W. Herrick: Meningococcic pericarditis. M. H. Kahn: Paroxysmal tachycardia in soldiers, clinical and polygraphic studies. E. P. Joslin: Postoperative pneumonia. Harlow Brooks: Neurocirculatory asthenia. Epidemic parotitis as a military disease. F. W. Peabody, J. T. Wearn, and E. H. Tompkins: Basal metabolism in cases of the "irritable heart of soldiers." Lawrence Litchfield: Notes on the diagnosis of acute infections in the thorax. J. L. Miller and F. B. Lusk: Empyema at Camp Dodge. J. C. Friedman: Subacute and chronic mediastinal complications of measles. Comments on the methods employed in preventing measles complications. R. L. Cecil: Pneumonia and empyema at Camp Upton, N. Y. C. L. Mix: Anthrax. D. J. Frick: Cardiovascular diseases at Camp Beauregard, La. J. M. W. Scott: Drug addiction. M. L. Lerner:

Marie's disease. Infantilism. Hyperkeratosis. Subclavian aneurysm. T. D. Coleman: Clinical significance of cardiac murmurs. C. S. Williamson: Prevention of communicable respiratory diseases.

The Wassermann Test. By Chas. F. Craig, Lt. Col. U. S. A. 239 pages. St. Louis: Mosby. 1918.

This book is to the reviewer a disappointment. This feeling is also voiced by the author in his preface, in that the duties and stress of war have prevented him from fulfilling a work that he had originally set out to do. Much of the subject matter and the writer's general attitude toward the Wassermann reaction is limited to and influenced by his own methods of technic. This calls for a fractionated anti-human hemolytic system, dried amboceptor, alcoholic extract and cholesterol fortified antigens and warm fixation. The test is not quantitative and the dose of complement used may be scant or excessive, in that it is not titrated in the presence of antigen and the human serum to be tested. Although it is without the scope of this review to analyze this method in detail, it must be emphasized that this method probably meets the requirements of institutions and military posts, where frequent repetitions can be made and where a better correlation of laboratory and clinical findings can be effected; but in general practice it will be found far from adequate.

The author's statement that cholesterolized antigen is entirely trustworthy and does not occasionally give spurious positive fixations, is not sustained by the observations of serologists in general. With its value as a control of treated cases we are thoroughly in accord. We find no mention made or attempted explanation of that group of serums reacting negatively with cholesterolized antigen but positive with plain antigen. The author also depreciates the use of an anti-sheep hemolytic system, unmindful of recent demonstration of the negligible element of native anti-sheep hemolysins.

Noguchi's older test, the Hecht-Weinberg and the Hecht-Gradwohl modifications are presented without comment. Of the more quantitative tests, the test of Kalmer is touched upon, no details of the Browning and McKenzie method are given, and no mention of the Thomas and Ivy method or Ottenberg's combination of the latter with Thomsen's method are made.

The author has apparently had no experience with cold fixation and is inclined to delay its inauguration until further demonstration. We feel that this simple step has done more than anything else to enhance the value of the reaction.

Fixation results, by the author's technic, in syphilitic cases in various stages, as well as treated cases, are given. These conform with generally reported statistics, but not as high as reported by serologists using cold fixation. No report on false positives is made.

Examination of the cerebrospinal fluid by Wassermann and colloidal gold test are included.

E. A. V.

Genito-urinary Diseases and Syphilis. By Henry H. Morton; 4th ed.; 330 illustrations; 36 plates; 807 pages; St. Louis: Mosby. 1918. Price \$7.00.

This interesting book presents with but few exceptions the most recent and generally accepted ideas upon genito-urinary diseases and syphilis. It contains about two hundred more pages than the former edition, as well as a much larger number of illustrations and colored plates. The latter are as good as those usually found in text-books.

In the opening chapter, under the subject of turbid urine, the author states that if in using the two glass test the second urine is found to be clear, the presence of posterior urethritis may be excluded. This is not in accord with the general

opinion which recognizes the fact that a mild degree of posterior urethritis may exist without sufficient pus to produce a cloudiness of the bladder urine.

In the chapter on functional kidney tests the author fails to mention the value of phenolsulphonephthalein and phlorizin in tests of comparative renal function, the field in which the latter glucosid attains its greatest usefulness. In the discussion of the indigo carmine test, the importance of the intensity of color of the ureteral spurts is not taken into consideration. Intramuscular injection of all three agents is recommended, whereas intravenous administration is now considered superior in most respects to the former method.

In the section on cystoscopy and urethroscopy the Nitze type of cystoscope is recommended, but the Brown-Buerger cystoscope and the McCarthy cystourethroscope, more popular instruments in this country, are not described. The latter have the advantage of being manufactured in the United States.

The author is certainly to be congratulated upon his results in the treatment of chronic prostatitis. No new therapy is suggested, but he has been able to obtain a cure in ninety-seven per cent. of his cases with the older methods, other than prostatectomy.

In the interesting chapter on gonorrhoea in women, attention is called to the necessity for treatment of involved urethral glands, a procedure frequently overlooked. Although the injection method is advised in the treatment of chronic infections of the glands of Bartholin, it is impossible to cure the majority of cases in this manner. Experience has shown that complete removal is required.

A number of pages are devoted to the subject of prostatic hypertrophy, operative methods receiving special attention. Due emphasis is placed upon the importance of careful pre-operative and post-operative treatment, the former being now considered the most important part of the operative procedure.

In the chapter on stone in the kidney and ureter the author neglects to mention the wax-tipped catheter, at times a valuable aid to diagnosis.

The section on syphilis, although concise, covers the field in an interesting and instructive manner, this edition containing a discussion of central nerve lesions, including intraspinal therapy, which is strongly advocated.

Taken as a whole this work is complete and will form a valuable addition to the library of both urologist and general practitioner.

W. E. S.

White & Martin's Genito-Urinary Surgery and Venereal Diseases. By E. Martin, B. A. Thomas and S. W. Moorhead. Illustrated. 929 pages, 10th ed. Philadelphia and London: Lippincott. 1917.

In this volume an effort is made to include a discussion of all the essential conditions suggested by the title, including a study of syphilis. It may be stated at once that the authors have succeeded very creditably in this difficult task. When one examines the various chapters, one sometimes marvels that so much material could be presented in so small a space. On the other hand, one is occasionally disappointed to find only very brief and perhaps perfunctory treatment of certain subjects. This occasional brevity is inevitable since a full discussion of each subject would require not one, but many volumes.

The opening chapters deal with the general examination of the patient, including history taking, urinalysis and kidney function tests and special urethroscopic and cystoscopic examinations. These subjects are disposed of in fifty-seven pages. Un-

questionably, this is too limited a space in which to adequately present the many points of importance that should be discussed.

The next chapter on Suppression, Retention and Incontinence of Urine, is well presented, and the same may be said of that on Surgery of the Penis.

Gonorrhea and its complications are discussed in abbreviated form, hardly full enough when one considers the essential importance of the subjects. However, each sentence in these chapters seems to have been constructed with the view of saying the most in the fewest words and one is surprised at the inclusiveness of the discussion.

Stricture of the urethra is well presented. It is interesting to note no definite statement is made that would enable one to determine the presence of stricture of large caliber. The old Otis rule with a dropping of 2-4 numbers in the size of the sound is given as an average scale in the selection of the bougies for examination. The authors seem to believe in the existence of a relationship between the size of the penis and the caliber of the contained urethra, but this is an inference rather than a direct statement. To the reviewer it seems that in a text-book intended for medical students very definite statements on these points should be made, since the success in the treatment of stricture is so intimately bound up in a clear understanding of just what the stricture is, and of its relation to the normal urethral caliber.

Surgery of the Testicles as presented is very satisfactory. One could wish, however, that more attention had been given to the radical treatment of tumor of the testicle. The statement is made that orchidectomy, as usually performed, has an ultimate mortality of 100 per cent., but the operation of extensive dissection which is more promising, is dismissed in one sentence.

In the treatment of hydrocele no mention is made of the method adopted by the elder Keyes of injecting pure carbolic acid.

The Surgery of the Prostate is well presented in condensed form and appears to have been written by one who had a definite idea of what he had to say and who did not need to make use of padding in his description.

The chapters on sexual abnormalities are short, but the subject is well presented.

The surgical affections of the bladder, ureter and kidneys are presented a little more fully. In the section on extrophy of the bladder, too little attention is paid to the subject of surgical treatment. The student will need to look elsewhere for adequate presentation of the subject. The same may be said of diverticulæ of the bladder. The section devoted to treatment of tumors of the bladder is so short as to be disappointing.

Tuberculosis of the kidney appears to be fairly well presented. In the judgment of the reviewer, far too little attention is paid to the importance of animal inoculation in the diagnosis. While this method of diagnosis is slow, it has so much in its favor from the standpoint of definiteness that it should not be neglected if laboratory facilities are available. The treatment of renal tuberculosis is disposed of in less than half of one page.

The last 230 pages of the book are devoted to the subject of syphilis. By a careful perusal of these pages the student may gain a working knowledge of the subject. If he desire more than a working knowledge, he must consult larger treatises. It seems almost unfair to a disease, so important, so common, and so far reaching in its effects, to attempt a presentation of its baffling symptoms, its multitudinous pathology, and its difficult treatment, in a few pages at the end of a volume.

In conclusion, the reviewer lays the volume down with mixed feelings of surprise at the conciseness and inclusiveness of many of its descriptions, and of disappointment at the inadequacy of some of its statements.

R. L. R.

Correspondence

WHAT'S THE ANSWER?

To the Editor:—During the recent flu epidemic I had a family in which four persons were ill at one time.

Two nurses were engaged, one for a twelve-hour day shift and the other for a twelve-hour night shift.

The Nurses' Association's charges are \$5.00 a day for the first patient and \$2.00 additional for each additional patient, making \$11.00 per twelve-hour service, for each nurse, or \$22.00 for twenty-four hours.

If one nurse had been engaged for all four patients and she had worked for twenty-four hours, it would have been \$11.00 per day.

If the two nurses had been employed to care for two patients each and each nurse had been on duty for twenty-four hours, they would be entitled to \$7.00 a day each or \$14.00 for two nurses.

If four nurses had been employed for twenty-four hours each, each nurse would have been entitled to \$5.00 a day, or \$20.00 for the four.

To Summarize:

Nurses	Cases	Service	Per Day	Per Week
2	4	12-hr.	\$22.00	\$154.00
2	2	24-hr.	14.00	98.00
1	4	24-hr.	11.00	77.00
4	4	24-hr.	20.00	140.00

The father of the family, a contractor, states that I am at fault in that I did not engage them under the two-nurse two-case, 24-hour service plan and saved him \$56.00 per week.

Can the Nurses' Association supply me with the correct answer?

J. C. EGEGERG, M. D.

Central Emergency Hospital, San Francisco.
Department of Public Health, Emergency Hospital Service, Office of the Chief Surgeon.

LICENSURE OF PHYSICIANS FROM MILITARY SERVICE.

Sacramento, Cal., January 24, 1919.

To the Editor:

Conforming with your recent request, arising from a statement which we are advised recently appeared in the American Medical Journal to the effect that officers of the Medical Corps were entitled to a certificate to practice medicine and surgery in the State of California on a record of their commission or honorable discharge, we beg to advise that Section 12 of the Medical Practice Act provides for the issuance of a certificate to a commissioned officer of the Medical Department of the Army, Navy or Public Health Service who is "honorably discharged or temporarily detached, or placed on the retired list without being discharged, or on active duty. . . ." providing that the standard of the examination which preceded the issuance of the commission as above noted, was equal to the standard of the examination exacted of applicants for a written examination for a physicians and surgeons' certificate in the State of California on the same date.

You will note the proviso clause in Section 12 reads as follows:

"provided, that when it appears to the satisfaction of the board, that in the year in which the applicant was appointed or commissioned in the United States Army, Navy or Public Health Service, that the requirements of such service for such appointment or commission were in any degree or particular less than those which were required for the issuance of a similar certificate to practice in California at the date of such issuance, then the board in

its discretion may refuse to issue such certificate."

Should the proviso clause of Section 12 result in the board denying an application based thereon, the applicant then has recourse to the provisions of Sections 9, 10 and 11, relating to the issuance of a certificate after a written examination, or said applicant has recourse to the provisions of Section 13, regulating the issuance of a Reciprocity Certificate.

The board is in receipt of a large number of requests for information based upon the article first mentioned as appearing in the American Medical Journal, and we believe that the facts set forth herein should be presented to the readers of your Journal, as well as the readers of the American Medical Journal, to whom we have forwarded a copy of this communication.

Yours very truly,

C. B. PINKHAM, M. D.,

Secretary-Treasurer, Board of Medical Examiners, State of California.

WORKMEN'S COMPENSATION RED TAPE.

Visalia, Cal., February 12, 1919.

To the Editor:

In the February issue of your journal you invite the profession to send in their views concerning the relations and working of the Workmen's Compensation Insurance and Safety Act and the physician. As you say, "The Workman's Compensation IS and WILL BE." Amen! I am for it; it was a long step in the right direction when that particular act was created by our law makers, but may I voice a feeble protest regarding the real hardship and inconvenience needlessly forced upon the doctor by that act. I refer to the intricate method of reporting cases to the Industrial Accident Commission and to the numerous casualty insurance carriers.

If the Industrial Accident Commission and the many and various casualty insurance carriers WOULD or COULD BE FORCED to get together and adopt a uniform system for reporting the accident cases, then the task of the attending physician would be easy and simplified and there would not be so much dissension over the low fee schedule. At the present time every insurance carrier as well as the State Industrial Accident Commission have a different form and system for reporting the cases, and as a rule, they will not accept a report unless it is on their own form-blanks. Every blank has a different set of queries and the answers, if they can be obtained at all, cause the doctor no end of time and trouble.

As a small town country practitioner, here is an example of the red-tape task the doctor must perform for each and every accident case that enters his office. (I refer more particularly to the minor cases; the serious or major cases are so few in number in comparison with the minor cases.)

Example: Mechanic from local garage gets few particles of emery or steel dust in the conjunctiva. He rushes to his doctor and gets the foreign bodies removed from the eye. With the possible exception of infection, the case is finished as far as treatment is concerned—BUT—the doctor must look to the insurance company for his fee; he must also make out a report to the Industrial Accident Commission; he must find out any way that he can, the name of the casualty insurance carrier which the mechanic's employer has chosen to patronize. Nine times out of ten the mechanic does not know and very often the employer himself does not know the exact name or the address of the company, so the local insurance agent must be searched for and consulted. The doctor now finds that it is another company than those represented by the various blanks which fill his filing cabinet. He must write a letter to the company for the correct blanks and then answer the ques-

tions asked thereon; generally having to look up both the mechanic and the employer again to get the correct answers. Doctor now makes out 'a first report' and 'a final report' and an itemized bill, and two (\$2.00) dollars is all that he is allowed for his trouble.

Slivers of wood and steel, small cuts and burns; all are simple treatments but complex and time absorbers to report. Many, many times I have made out a brief report to the Industrial Accident Commission (forced to do so) then let the fee be lost rather than take the time to secure all the proper blanks and data and look to the casualty insurance carrier for a settlement. The doctor must earn thrice the fee allowed before he gets anything.

A very good feature in the doctor's favor is—the money is as good as collected, for the insurance companies are good pay. Why cannot this illimitable red-tape reporting be simplified or the fees trebled that we may keep an extra office assistant for that work. This reporting is the only bug-bear that I have to contend with in my little country town. I wonder if I have not voiced the opinions of hundreds of my fellow practitioners?

Fraternally yours,

H. A. TODD, M.D.

State Society

The offices of the State Society have been running very smoothly in the past few months and have been rather busy trying to keep up with the many changes which have occurred in the location of members throughout the State. Many hundreds of our physicians have entered military and naval service, and at times we have been unable to know when they left or where they were. In some instances we have sent notices for the \$2.00 war tax to men who were in the service, but this has only resulted because these men were not reported through their county secretaries to the State office.

Men who are discharged from the Army or Navy during the coming year will still be carried by the State society without the payment of dues, unless such dues are offered voluntarily to the county organization. Some men prefer to re-establish themselves properly in this regard.

The office of the State society will make every effort to assist returning members in obtaining new locations, if they so desire. Many positions are available for men in various towns, mining camps, on sailing vessels and in other ways; all of which we keep listed in the office.

The Council of the State society has not met during the past few months because of the epidemic of influenza, but the publicity bureau has convened periodically and conducted the essential business of the society during the interim.

The State Meeting of the Medical Society will be held at Santa Barbara April 15th, 16th and 17th. This should be very largely attended, both because of its central location and because of the interesting, profitable program which will be presented at that time. Efforts will be made to obtain the best rates possible from the hotels and railroads. Further notice will be given regarding the meeting, the railroad fares and hotel rates. We feel that our physicians have earned a well-deserved rest after the past strenuous months, and a few days spent at Santa Barbara will have a reviving influence upon them.

The work of the legal department during the past summer has not been as heavy as usual. Suits for alleged malpractice have rather fallen off during the period of war, but some of our best men throughout the State have nevertheless been most unjustly attacked from time to time. Our defense

of these cases has been most satisfactory, and not a single member of the Indemnity Defense Fund has had a judgment rendered against him. It behooves all members at the beginning of this year to take advantage of this splendid scheme for financial protection. Join the Indemnity Defense Fund. The assessment still remains the same, \$30.

County Societies

FRESNO COUNTY.

At the last meeting of the Fresno County Medical Society, the following officers were elected:

Dr. B. B. Lamkin, president; Dr. J. D. Morgan, vice-president; Dr. C. L. A. Rinker, second vice-president; Dr. W. E. R. Schottstaedt, secretary; Dr. A. D. Ellsworth, asst. secretary; Dr. T. M. Hayden, treasurer.

To replace Dr. J. R. Walker, the retiring member of the Board of Governors, Dr. J. R. Walker.

LOS ANGELES COUNTY.

With the beginning of the new year new activities have been inaugurated by the Board of Councilors.

Dr. Harlan Shoemaker, the secretary-treasurer, has enlarged the Bulletin with advertisements to help pay for the issue. A nurses' bureau will be opened in the secretary's office, 621 Marsh-Strong Bldg., where recommended nurses can register so that physicians and surgeons can secure promptly at any time the services of competent and responsible nurses. The Board of Councilors have also voted to revise the constitution and by-laws to obviate refunding a portion of the dues to the branch societies. The services of the Press Clipping Bureau will be dispensed with for the present.

The first regular meeting at the usual time and place was held January the 16th, 1919.

Dr. W. T. McArthur presided. In wishing all a happy new year he dwelt upon the devotion to duty of the members of the society. Those returning from the war will now have to build up their relinquished practice. They have vindicated their right to live. Some will never return; they have made the supreme sacrifice.

(See paper No. 1.) (For papers presented see April issue of Journal.)

The president, Dr. W. T. McArthur, then asked the chairman of the committee appointed by him, to read the vote of thanks on behalf of the society to Dr. Geo. H. Kress, the retiring secretary-treasurer, whereupon the president presented in fitting words the beautifully engrossed, illuminated and framed document together with the appropriately engraved gold watch as a token to Dr. Kress.

Whereas, Geo. H. Kress, B. S., M. D., retiring secretary-treasurer of the Los Angeles County Medical Association, during his long term in office of nine consecutive years, has served faithfully in that capacity, and by his indefatigable efforts has built up the Society from a small organization to one of the biggest and most efficient in the land, and

Whereas, He has added many useful and profitable features which have proven of inestimable value to the members of the Society, and

Whereas, His loyal devotion to duty, his love for the work, his ability and versatility in its performance, his uniform courtesy and helpfulness to all members consulting or co-operating with him in everything appertaining to the welfare of the Society and its members, are herewith officially recognized, acknowledged and appreciated by his fellow-members; therefore be it

Resolved, That the Los Angeles County Medical Association as a whole and its many members

individually, one and all give him herewith a vote of thanks and a suitable token as an expression of our appreciation which no one could possibly merit more than he, and that while regretting the loss to the Society by his retirement as secretary-treasurer, we hope and wish that the well-earned rest from such arduous labors may redound to his advantage in health and happiness with the consciousness of "duty well done." And be it further

Resolved, That we assure him of our profound sense of gratitude; that we esteem, honor and love him for his many good qualities, his strong, upright, loyal character and his personal worth. And be it also

Resolved, That the secretary be instructed to spread these resolutions upon the minutes of our Society and publish the same in the Bulletin and that a reprint be forwarded to Dr. Geo. H. Kress with the token and another reprint filed in the archives of the Society.

WILLIAM WENZLICK, LL.B., M.D.,
FITCH C. E. MATTISON, M.D., F.A.C.S.,
ALBERT SOILAND, M.D., F.A.C.P.,
Committee.

Dr. Kress in replying expressed his appreciation of the generous thought and expression of the Society in thus thanking him for whatever part it might have been his privilege to play in the last nine years as the executive officer of the Association. He added also that for himself, there had been so much pleasure in the work of trying to have the County Society develop into a strong county unit, that he felt that it had been himself rather than the Society which was under obligations. He stated also that he felt sure that with the same spirit of co-operation as had existed in the past, and by holding fast to the fundamental framework of the constitution there could be little doubt but that the Association would move forward in the future as in the past.

Officers for the Year 1919.

W. T. McArthur, M.D., 836-7 Security Bldg., president; H. G. McNeill, M.D., Exchange Bldg., vice-president; Harlan Shoemaker, M.D., 621 Marsh-Strong Bldg., secretary-treasurer, editor of the Bulletin, chairman of the Scientific Program and Telephone Exchange Committees.

Board of Councilors.

W. T. McArthur, M.D., chairman (ex-officio); Harlan Shoemaker, M.D., secretary (ex-officio); H. G. McNeill, M.D., (ex-officio); H. Bert Ellis, M.D., 1919; W. W. Richardson, M.D., 1919; Granville MacGowan, M.D., 1919; G. L. Cole, M.D., 1920; Dudley Fulton, M.D., 1920; F. C. E. Mattison, M. D., 1920; Stanley P. Black, M.D., 1921; Wm. Duffield, M.D., 1921; L. M. Powers, M.D., 1921; Irwin L. Magee, M.D., (Santa Monica); Chas. L. Bennett, M.D., (Pomona); Roscoe C. Olmstead, M.D., (Pasadena); Francis L. Rogers, M.D., (Long Beach); G. L. Kelsey, M.D., (Eye and Ear).

Branch Officers.

Pomona.

Chairman, Ward L. Fisher, M.D.; vice-chairman, F. W. Burns, M.D.; councillor, Charles L. Bennett, M.D.; secretary-treasurer, Paul W. Newcomer, M.D.

Long Beach.

Chairman, G. H. Galbraith, M.D.; vice-chairman, Bernard Oettinger, M.D.; councillor, F. L. Rogers, M.D.; secretary-treasurer, Frank M. Mikels, M.D.

Santa Monica.

Chairman, Dr. E. E. Roberts; councillor, Dr. I. N. Magee; secretary-treasurer, Dr. C. P. Thomas.

Eye and Ear.

Chairman, E. C. Stivers, M.D.; vice-chairman,

R. B. Sweet, M.D.; councillor, A. L. Kelsey, M.D.; secretary-treasurer, R. Watson Graham, M.D.

Flu Situation.

With fluctuations there was a gradual progressive diminution in the number of cases and a lower proportion of deaths. Fifteen hundred to two thousand tourists coming every day are bringing new germs and new soil for their growth.

The city schools are being opened in districts free from danger.

An order for the wearing of masks for a period of ten days after release from quarantine, was considered and recommended by the advisory committee of business men at a meeting with Health Commissioner Powers, who thought the convalescents are the greatest spreaders of the disease. He also stated at the advisory committee's meeting that the quarantine measures have been the greatest factor in the fight against influenza.

Dr. J. L. Pomeroy, County Health Officer, issued for distribution 5000 pamphlets for the guidance of the public during the epidemic. It contains health rules, instructions to households, fumigation and the penalties for violations of the law. Constables empowered to make arrests are given, and a list of depositories for quarantine supplies.

For their work as voluntary helpers to combat the influenza epidemic, a number of teachers and employees of the school department were recommended for public commendation by the Board of Education. These include Dr. H. F. True, Dr. A. J. Herrmann, Dr. William R. Jacobs, Miss Lucy Blood, Miss Otilla Brandt, Miss Jesse Campbell, Miss Elizabeth Chandler, Miss Mary Coble, Miss Maria (Maud) Coble, Miss R. D. Quaintance, Miss Helen Woodward, J. J. Jones, Mrs. Harriet Cochran, Miss Jean Dady, Miss Alma Fisher, Miss Janet Grant, Miss Elma Hill, Miss Hannah Hansen, Miss Cordelia Macy, Mrs. Josephine Kellogg, Miss Elizabeth McGaffey, Robert Daniels, Mrs. Esther West, and Miss Irene Van Dyke, who gave her life in the service.

Dr. J. L. Pomeroy of the county health department has sent out an urgent call for graduate nurses to work in the public schools of the county. The salary is \$120 a month. The nurses are desired to inspect school children and to visit homes of children where there is influenza. The health department is short of nurses to care for the work of preparing the children for the reopening of schools.

Mayor Woodman of Los Angeles requests Surgeon General Rupert Blue that the Federal Government take charge of the campaign against the influenza epidemic in the United States.

School in the Open.

With the sanction of the board of health, the Monrovia grammar schools began a novel method of conducting school sessions, imposed by the renewal of the flu ban. From 8 a. m. to 4 p. m. the children, in groups of not more than three, are heard by their respective teachers, who dismiss them immediately, and the next group is called, by a definite schedule arranged by A. R. Clifton, superintendent of schools.

Influenza Situation Better at Pomona.

The epidemic has worked particular havoc with the local telephone company. At Claremont five of the operators were ill at one time while at Chino four of the operators were out at one time. In San Dimas an entire new force is operating the boards.

Pasadena Mask Law Violators Arrested.

Pasadena is a masked town, considerably to its own disgust, apparently. The ordinance passed by the City Commission last Saturday, making it

a violation of law to appear on the streets or in any place where the public is admitted without a mask, has been enforced. About sixty persons were arrested for failing to obey the regulation and were released on putting up \$5.00 bail.

Los Angeles Has Fewest Deaths From "Flu."

Latest government figures on the epidemic received by Dr. Powers from Washington show that Los Angeles still maintains its lead throughout the country in the number of deaths per 100,000 population. According to the government figures to January 18, Los Angeles deaths from both influenza and pneumonia have been 2822, while San Francisco deaths up to January 18 were 3477. Other cities reported deaths from the epidemic as follows: Boston 5618, Buffalo 2674, Cleveland 3849, New York 26,243, and Washington 2838.

No Cross-Infection in L. A. County Hospital.

Based on surveys made all over the country by pathological experts of the various departments at Washington, the Los Angeles County Hospital stands unique with reference to protective measures to prevent the spread of influenza from ward to ward. Cross-infection is unknown in this hospital.

N. H. Martin, superintendent of the hospital, who received this report, stated yesterday that influenza patients are being received into the hospital at the rate of twelve a day. Patients are being discharged at the rate of twenty a day. The total number of influenza patients received was 2667. At midnight last night there were 192 influenza patients in the hospital.

The fine condition of the hospital is due, Dr. Martin thinks, to the quarantine enforced. Much of the good work is due to the 180 faithful nurses. The nursing staff was sadly hit by the flu.

Medical Corps Major Tells His Observations.

"An impressive number of Western soldiers, particularly men from California and Utah, conquered tuberculosis prior to doing their part to make the world too hot for the Huns.

"Army records furnish indisputable proof that men from the city enjoy a higher average of good health than the dwellers in rural districts.

"The men suffering from the effects of the enemy's poison gas are chiefly benefited by the climatic conditions of California, and many of them expect to make their homes in the Southwest after they are discharged from army hospitals."

So says Major Ralph L. Byrnes, United States Army Medical Corps, who has returned to his home in Los Angeles after twenty months' service as one of Uncle Sam's "lung experts." He was for many months president of the tuberculosis board of the Fortieth Division at Camp Kearny. Later he did the same sort of work at Camp Dodge, Iowa, and during the final months of the war was stationed at the William Wirt Winchester Medical School and Tuberculosis Hospital, which the Government maintained at New Haven, Conn.

"There were more men from Texas and California discharged from the army by the tuberculosis board than from any other States in the Union—that is, in proportion to number of troops furnished," said Major Byrnes yesterday. "But," he added, "we found this a great tribute to the climate of the two States.

Hoag To Head Child Welfare Department.

The Board of Education has created a child welfare department for the public schools and appointed Dr. Ernest B. Hoag to take charge of it. The city has had medical inspection in the schools for years, but under the new arrangement activities in this field will be greatly extended.

Besides seeing that the children are physically fit, Dr. Hoag will deal with psychological prob-

lems having to do with the boys and girls. The mind as well as the body will come in for attention. Truancy will come under his observation. It has been found that habitual truancy and juvenile delinquency are often closely related, the latter frequently growing out of the former.

Personals.

Capt. W. A. Dutton has received his discharge from the army at Camp Lewis and returned to this city to resume his practice.

One hundred guests graced the reception at which Dr. and Mrs. Norman Bridge were hosts. Assisting Dr. and Mrs. Bridge were Mr. and Mrs. J. S. Torrance and Mr. and Mrs. Hector Alliot. The affair was given for members of the Southwest Museum. Dr. Bridge is a former president, Mr. Torrance holding that position now. Mr. Alliot holds the next post of importance in the museum. During the evening the Tandler Quartette furnished a charming musical program.

Dr. Chas. G. Stivers has returned from a year's service as surgeon in the U. S. Army.

Dr. Earl Sweet has returned from service in the U. S. Army and has reopened his office.

Dr. Ralph Hagan, chief surgeon of Base Hospital Unit No. 6, American Expeditionary Forces, is ill in the hospital at Baun, France.

Dr. Rae Smith, who for a year was in command of Navy Base Hospital Unit No. 31, in Scotland, arrived yesterday. He is a member of the advisory staff of the California Hospital. Dr. Smith was in active service in France during the entire campaign of Argonne Forest.

Dr. William H. Brownfield, who has been serving in the Army Medical Corps, at Camp Cody, N. M., returned to Los Angeles yesterday and resumed practice.

Dr. Bertram C. Davies returned yesterday from Fort Oglethorpe, Ga., to resume practice here. Dr. Davies, who was a captain in the Medical Corps, was for some time a post-graduate instructor in the school for physicians at the Georgia camp.

Capt. A. Halden Jones recently returned to his home and medical practice in this city from Camp Oglethorpe, Ga.

Dr. A. T. Charlton, who trained the nurses and internes of Naval Base Hospital Unit No. 3 at the County Hospital here, has returned home and will shortly resume practice. His return was hastened by the illness of his wife. For a time Dr. Charlton was connected with naval hospital work in Scotland, with the rank of senior lieutenant. Later he was transferred to the Army Medical Service in the battle of Argonne Forest.

A public demonstration is being planned in honor of Major Charles D. Lockwood, organizer of the Pasadena Ambulance Corps, which saw active service in Italy. Believing that this country would eventually be drawn into the war, Major Lockwood organized the corps in October, 1916. In June, 1917, the boys left for Allentown, Pa. They got to the front last year. Major Lockwood was detached for service at a base hospital in France, which explains why he gets home ahead of the company, which is still in Italy.

Dr. Maurice Armstrong, recently captain in the Medical Corps of the Army, has received his discharge from service and has resumed his practice in this city.

Dr. Egerton Crispin, who has been serving overseas with Naval Base Hospital Unit No. 3, returned to Los Angeles.

Dr. Clarence Moore returned to Los Angeles in the pink of condition, to be warmly greeted by a great circle of friends, as well as by his family and his father and mother, Dr. and Mrs. M. L. Moore. He was consulting surgeon of five of the

great military hospitals in France when the war closed, with the rank of major.

Dr. Lulu Peters, one of the best known doctors and club women in the city, will leave shortly for New York to sail in a fortnight with a unit of the American Women's Hospitals for duty in Serbia. She expects to be away from nine to twelve months.

The work is to be under the direction of the Red Cross. Dr. Peters is the only California woman with this particular contingent, although Dr. Margaret Farwell, another Los Angeles physician, has for some time been with the Balkan commission. The unit comprises ten doctors and two dentists. It will report to the Balkan commission at Rome.

Dr. Peters' work will be largely among the women and children in the suffering areas of Serbia. Her hospital is to be migratory, and the doctors will go to the patients, rather than have the patients come to them. The work will be general, medical and surgical relief, it is stated.

Dr. Peters, who has been in the city for about twenty-five years, was last year chairman of the department of public health of the California Federation of Women's Clubs for the Los Angeles district. She is a member of the Friday Morning, Woman's City, University and the Professional Women's Clubs, and has written a book on the suppression of excess avoirdupois in her sex.

Upon completion of her work with the unit, Dr. Peters plans to travel and do research work in the devastated areas of Europe, gathering material for a second publication.

MENDOCINO COUNTY.

At a belated yearly meeting held at Ukiah on the 31st of January the following officers were elected:

President, Carol Lincoln Sweet, M. D., Elk; vice-president, S. L. Rea, M. D., Ukiah; secretary-treasurer, Oswald H. Beckman, M. D., Fort Bragg; asst. editor, Oswald H. Beckman, M. D., Fort Bragg; delegate, F. G. Gunn, M. D., Willits.

It was also resolved to establish associate memberships. The society also endorsed the Health Day proposition.

A belated New Year's greeting to my friends:
Do not, dear friend, misjudge me now,
E'en if slow I may seem with thou;
A true excuse is due to you.
I have been sick, I've had the "Flu."
Therefore though late it now may seem,
This greeting has a sunny beam.
Its wish is most sincere to you,
"A Happy New Year, and no Flu,"
With full and plenty all this year
For yourself and those you hold dear.

MONTEREY COUNTY.

At the meeting of Monterey County Medical Society, recently held, the following officers were elected: President, Dr. Garth Parker, Salinas; vice-president, Dr. J. A. Beck, Salinas; secretary, Dr. T. C. Edwards, Salinas; treasurer, Dr. John Parker.

ORANGE COUNTY.

The Orange County Medical Society held its regular monthly meeting at the Santa Ana Library on the evening of February 4th. The paper of the evening was given by Dr. D. C. Cowles, of Fullerton, and was entitled Tuberculous Peritonitis. The paper proved to be very interesting and brought out a very extensive discussion. In the paper the doctor gave a report of ten cases which had been treated surgically.

The March meeting of the Society will be held at the Orange County Hospital, where Dr. H. A. Zaiser will favor the members by showing them several interesting clinical cases.

Dr. C. D. Ball, of Santa Ana, who had a severe accident on Thanksgiving Day, is able to be out in a wheel chair.

Major Winters is on his way home to Santa Ana, being in New York at last report.

Captain Chapline has returned to Orange and it is understood will reopen his office there.

Captain Wehrley writes to Dr. Dryer, from France, that he is in Base Hospital 108 and having quite a large experience in the work there.

Captain Wickert cables that he expects to leave France soon for home.

PLACER COUNTY.

At the meeting held in Roseville on Saturday, Feb. 8th, the Placer County Medical Society was re-organized and the following officers elected:

President, Dr. Bradford Woodbridge, Roseville; vice-president, Dr. G. H. Fay, Auburn; secretary-treasurer, Dr. R. A. Peers, Colfax. The delegate and alternate are the same as last year, Dr. Ostrum of Loomis, and Dr. Miner of Colfax, respectively.

SACRAMENTO COUNTY.

At the annual meeting of the Sacramento Society for Medical Improvement, the following officers were elected for the ensuing year:

President, Dr. G. A. Spencer.
Vice-President, Dr. G. A. Foster.
Secretary-Treasurer, Dr. W. A. Beattie.
Directors, Dr. G. P. Dillon, Dr. J. W. James, Dr. G. A. Foster, Dr. G. A. Spencer and Dr. W. A. Beattie.

SAN DIEGO COUNTY.

Members of the San Diego County Medical Society enjoyed two excellent scientific programs in January. On the evening of the 14th, after partaking of a well-served dinner at the Maryland Hotel, the members were treated to an excellent paper by Capt. J. R. Arneill, M. C., U. S. A. of Camp Kearny on "Cardio-vascular Problems in the Army."

Dr. Arneill's record as an internist in his native city of Denver before entering the service was such as to guarantee a paper of original worth. The paper was discussed by Drs. Churchill, Andrews and Little.

On the evening of the 28th Capt. J. F. Grant, M. C., U. S. A., Rockwell Aviation Field, delivered in the rooms of the Society an illustrated talk on "Examination and Classification of Aviators." This represents the original research work of the aviation branch of the army as carried on at different points to determine the fitness and flexibility of the heart, circulation and nervous system of the applicants for pilot service. The paper was ably presented and elicited a lively interest from the large attendance, many of whom wore the uniform of camps in the vicinity. Capt. Grant, who is a member of the San Diego County Medical Society, has been requested by the medical authorities at Camp Kearny to repeat this lecture at the Base Hospital early in February.

Dr. James A. Jackson has returned from service in the army and resumed the practice of his specialty, dermatology.

Capt. Rawson J. Pickard, M. C., U. S. A., who has been following intensive study of epidemiology at Yale University, has returned to his laboratory work in San Diego.

Major J. A. Parks has returned from the service on the various tuberculosis boards throughout the West Coast and resumed the practice of his specialty.

Dr. Andrew J. Thornton, who has received an honorable discharge from the navy, has resumed active practice in San Diego.

Dr. C. E. Ide has taken over the office of the

late Dr. Wm. Williamson, with practice limited to eye, ear, nose and throat.

Dr. E. H. Crabtree has returned from active service in the army and resumed practice in San Diego.

Dr. Harry M. Wegeforth has received his honorable discharge from the army and has resumed his practice in San Diego, after an intensive course in neuro-surgery in New York City.

SAN FRANCISCO COUNTY.

With Red Cross in Rome.

The second contingent of the American Red Cross Tuberculosis Department, of which Dr. Esther Rosencrantz is a member, has arrived in Rome.

Dr. Rosencrantz and other members of the party numbering eighteen social service and health experts, made the trip by way of New York and Genoa. She has been assigned to the medical staff and will begin work at once.

A survey of health conditions throughout Italy has just been completed by this Department. A train of American-made automobile traveling dispensaries will be put in operation in the northern provinces shortly.

Society Meetings.

Proceedings of the San Francisco County Medical Society.

During the month of January, 1919, the following meetings were held:

Tuesday, January 7th—Section on Medicine.

1. The teeth as a basis for referred pain. O. G. Freyermuth.
2. Tuberculin, its uses and limitations. Leon DeVille.

Tuesday, January 14th—Annual Meeting.

1. Oration on members deceased during the past year. J. T. Watkins.
2. Presentation of portrait photograph of Dr. Geo. Chismore with few remarks regarding Dr. Chismore's characteristics and his place in surgery. H. M. Sherman.
3. Address of President, J. H. Graves.
4. Annual reports of secretary, librarian, committee on admissions and executive committee.
5. Election of officers, board of directors, delegates and alternates.
6. Case of multiple fracture of the pelvis with injuries to urethra, prostate, bladder, ureter, and kidney, showing results of conservative surgery. Illustrated by lantern slides. Martin Molony.
7. Perforating gastric and duodenal ulcers. Saxton Pope.
8. The X-ray as an aid in the study of gastrointestinal disorders. L. L. Jones.

Tuesday, January 21st—Section on Surgery.

San Francisco Polyclinic Clinical Evening.

1. Syphilis in women. Wm. E. Stevens.
2. Non-operative treatment of cataracts. A. S. Green.
3. Differential diagnosis of medical and surgical conditions pertaining to the ear. (Illustrated). C. F. Welty.

Tuesday, January 28th—Section on Eye, Ear, Nose and Throat.

Recent Progress in the Study of Tuberculosis of the Eye, Ear, Nose and Throat.

1. Eye—Kaspar Pischel. W. S. Franklin.
2. Ear—H. Y. McNaught.
3. Nose and Throat—Wallace Smith.
4. General—P. H. Pierson.
5. What the State is doing (Illustrated). Mrs. E. Tate Thompson, Director Bureau Tuberculosis, State Board of Health.

SAN JOAQUIN COUNTY.

The annual meeting of the San Joaquin County Medical Society was held in the office of Dr. R. T. McGurk Friday evening, December 27. Those present were Drs. E. A. Arthur, Grace McCoskey, Margaret Smyth, Minerva Goodaman and R. T. McGurk.

A motion was made and carried approving the City Council's action in suspending public dancing during the present stage of the influenza epidemic.

The president called for the counting of the ballots and the following members were declared elected: Directors for the ensuing year: Drs. R. T. McGurk, E. A. Arthur, F. P. Clark, J. D. Dameron, D. R. Powell, C. R. Harry, H. Smyth, B. F. Walker, J. V. Craviotto. From the above nine Dr. E. A. Arthur was chosen as president, Dr. J. D. Dameron first vice-president, Dr. Hudson Smyth second vice-president, and Dr. R. T. McGurk secretary.

The following committees were elected:

Program—Drs. B. J. Powell, chairman; R. T. McGurk and Margaret Smyth.

Ethics—Drs. F. P. Clark, chairman; C. F. English, E. A. Arthur, S. R. Arthur and C. R. Harry.

Finance—Drs. Grace McCoskey, chairman; R. T. McGurk and J. V. Craviotto.

Admissions—Drs. J. D. Dameron, chairman; C. F. English, D. R. Powell, L. Dozier and E. A. Arthur.

For delegate to the State Society, Dr. R. T. McGurk was elected, with Dr. F. P. Clark as alternate.

R. T. McGURK, Secretary.

The regular monthly meeting of the San Joaquin County Medical Society was held in the office of Dr. C. D. Holliger, Friday evening, January 31st. Those present were: Drs. C. F. English, S. P. Tuggle, H. O. Willis, B. F. Walker, H. E. Sanderson, C. D. Holliger, E. A. Arthur, R. T. McGurk, B. J. Powell, W. F. Priestly and Mr. P. Ansell of Oakland.

The evening was devoted to radiographic demonstrations by Dr. Holliger and Mr. Ansell. Some very interesting plates were shown. Mr. Ansell also gave an interesting talk on the value of X-ray treatment, emphasizing the necessity of having the proper technique in all cases treated by the X-ray. Several of the plates showed unusual conditions and brought forth considerable discussion by the members present.

SANTA CRUZ COUNTY.

At the meeting of the Santa Cruz County Medical Society held in January, the following officers were elected for the year 1919:

President, Dr. W. H. Keck, Santa Cruz; first vice-president, Dr. L. M. Liles, Watsonville; second vice-president, Dr. W. F. Cothran, Santa Cruz; secretary, Dr. A. N. Nittler, Santa Cruz; associate editor, Dr. A. F. Cowden.

SHASTA COUNTY.

The Shasta County Medical Society had its regular January meeting on Saturday, January 18th, 1919. Only three members were present, Dr. F. Stabel, president; Dr. C. A. Mueller, secretary, and Dr. A. G. Gilliland of Cottonwood. Dr. S. T. White was absent on account of illness. Other physicians usually attending were absent on account of professional duties. The regular routine of business was transacted. Dr. F. Stabel was appointed delegate to the State Medical Society meeting in April.

SONOMA COUNTY.

At the meeting of the Sonoma County Medical Society in January, the following officers were elected:

President, Dr. Elizabeth M. Yates; vice-president, Dr. F. O. Butler; secretary, Dr. N. Juell; treasurer, Dr. R. M. Bonar.

VENTURA COUNTY.

At the December meeting of the Ventura County Medical Society, Dr. Edith A. Lamoree was elected president, and Dr. C. A. Jenson secretary.

Dr. B. F. Merrill, of Santa Paula, has returned to active practice.

Notices**UNIVERSITY OF CALIFORNIA EXTENSION**

The Factors of Evolution in Man. Prof. Samuel J. Holmes.

The University of California wishes to call your attention to the increased importance of **eugenics** and **genetics** at the present time.

The great war has turned the mind of the world to the problem of decadence or progress in modern civilization. This problem will be treated in a course of 15 University Extension lectures to be delivered by Professor Samuel J. Holmes.

Professor Holmes, the acting head of the Department of Zoology of the University of California, is a national authority on heredity, evolution and eugenics. He will point out the factors and forces essential to the development of a vigorous nation.

The course will be conducted particularly for legislators, executives, doctors, teachers, and social workers; but it will be vitally interesting to students at large.

The lectures will be delivered on Thursday evening each week in the San Francisco Main Public Library in the Civic Center. The fee for the course will be \$5.00.

In the interest of national progress, will you mention the course to others who may be interested?

Outline of Course on Eugenics.

1. Problem of Human Evolution. Preliminary Survey of the Field.
2. The Laws of Heredity.
3. The Transmission of Human Defects. Mode of Inheritance of Insanity. Feeble-mindedness, and other forms of mental defection.
4. The Inheritance of Mental Ability.
5. The Hereditary Factor in Crime and Delinquency.
6. The Decline of the Birth Rate. The Relative Birth Rates of Different Classes of the Population.
7. Causes of the Decline in Birth Rate.
8. Hereditary Influence of Alcohol and Disease.
9. Natural Selection of Man. The Various Forms of Natural Selection Among Human Beings. Racial Influence on Infant Mortality.
10. War and the Race. An Estimate of the Different Ways in Which War May Modify Human Inheritance.
11. Sexual Selection in Men. Its Past and Present Influence and Its Possibilities.
12. Industrial Development and Racial Inheritance.
13. The Elimination of Defectives. Sterilization and Segregation.
14. Religion as a Factor in Race Development. Religious Selection Past and Present.
15. The Present Trend of the Race. General Summary and Discussion of Various Forces Working Towards Racial Deterioration or Improvement.

CONSTITUTION OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA

To be amended at the 48th Annual Meeting of the Medical Society of the State of California, held at Santa Barbara, April 1919.

ARTICLE I.**Name and Object.**

Section 1. The name of this Society shall be the "Medical Society of the State of California."

Sec. 2. The purpose of this Society shall be to federate and bring into one compact organization the entire medical profession of the State of California, and to unite with similar societies of other States to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians, to guard and foster the material interests of its members and to protect them against imposition; and to enlighten and direct public opinion in regard to the great problems of state medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life.

ARTICLE II.**Component Societies.**

Component Societies shall consist of those county medical societies which hold charters from this Society.

ARTICLE III.**Composition of the Society.**

Section 1. This Society shall consist of Members, Delegates, and Guests.

Sec. 2. Members—The Members of the Society shall be the members of the component county medical societies.

Sec. 3. Delegates—Delegates shall be those members who are elected in accordance with this Constitution and By-Laws to represent their respective component societies in the House of Delegates of this Society.

Sec. 4.—Guests—Any distinguished scientist, or any physician not a resident of this State, may become a guest during any Annual Session on invitation of the President or the officers of this Society, and shall be accorded the privilege of participating in all of the scientific work for that session. The President shall announce to the general meeting the names of such persons as have been invited to attend the meeting, and their names shall then be enrolled as guests of that annual meeting.

ARTICLE IV.**House of Delegates.**

The House of Delegates shall be the legislative and business body of the Society, and shall consist of (1) Delegates elected by the component county

societies, (2) the Councilors, and (3), ex-officio, the President and Secretary of this Society.

ARTICLE V.

Meetings.

Section 1. The regular meetings of this Society shall be held annually.

Sec. 2. Special meetings of the House of Delegates may be convened as the By-Laws provide.

Sec. 3. Twenty-five members shall constitute a quorum in the House of Delegates.

Sec. 4. The selection of the place of meeting, and the election of officers, shall be the first order of business of the House of Delegates at the second evening session of each annual meeting.

Sec. 5. All officers shall be elected by ballot, and shall serve until their successors are chosen and qualified.

ARTICLE VI.

Officers.

Section 1. The officers of this Society shall be a President, a First Vice-President, a Second Vice-President, a Secretary, two Assistant Secretaries, a Treasurer, Examiners or nominees for appointment as Examiners on the Board of Medical Examiners as may be required by the laws of the State of California governing the practice of medicine, and twelve Councilors, of whom one shall be elected from each of the nine Councilor districts and three at large. Not more than three Councilors shall be elected from any one Councilor district. These officers shall be elected by the House of Delegates at the time and in the manner duly provided in this Constitution and By-Laws.

Sec. 2. The officers, except the Treasurer and the Councilors, shall be elected annually. The terms of the elected Councilors shall be for three years, those first elected serving one, two and three years, as may be arranged.

Section 3. No delegates shall be eligible to any office named in the preceding section, except that of Councilor, and no person shall be elected to any such office who has not been a member of the Society for the past two years.

ARTICLE VII.

Council.

The Council shall consist of the Councilors and the President and Secretary, ex-officio. Besides its duties mentioned in the By-Laws, it shall constitute the Finance Committee of the House of Delegates. Five Councilors shall constitute a quorum.

ARTICLE VIII.

Section and District Societies.

The House of Delegates may provide for a division of the scientific work of the Society into appropriate Sections, and for the organization of such District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies.

ARTICLE IX.

Reciprocity of Membership With Other State Societies.

In order to broaden professional fellowship, this Society is ready to arrange with other State Medical Associations for an interchange of certificates of membership, so that members moving from one State to another may avoid the formality of re-election.

ARTICLE X.

Funds and Expenses.

Funds shall be raised by an equal per capita assessment on each component society. The amount of the assessment shall be fixed by the House of Delegates, but shall not exceed the sum of \$2.00 per capita per annum, except on a four-fifths vote of the Delegates. The fiscal year of the Society shall be from January 1st to December 31st. The number of members in good standing in each component society on the first day of January of each year shall be taken as the basis for the assessment for that fiscal year, as fixed by the House of Delegates. Funds may also be raised by voluntary contributions from the Society's publications, and in any other manner approved by the House of Delegates. Funds may be appropriated by the House of Delegates to defray the expenses of the Society, for publications and for such other purposes as will promote the welfare of the profession. All resolutions appropriating funds must be referred to the Finance Committee before action is taken thereon.

ARTICLE XI.

Referendum.

Section 1. A general meeting of the Society may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered, the House of Delegates shall submit such question to the members of the Society, who may vote by mail or in person, and, if the members voting shall comprise a majority of all the members of the Society, a majority of such vote shall determine the question and be binding on the House of Delegates.

Sec. 2. The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

ARTICLE XII.

The Seal.

The Society shall have a common seal, with power to break, change or renew the same at pleasure.

ARTICLE XIII.

Amendments.

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any annual session, provided that such amendment shall have been presented in open meeting at the previous annual session, and

that it shall have been published twice during the year in the Journal of this Society, or sent officially to each component society for at least two months before the meeting at which final action is to be taken.

CONSTITUTION OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA

(Incorporating Amendments proposed at Annual Meeting held at Del Monte, April 1918,—to be voted upon at the 48th Annual Meeting to be held at Santa Barbara, April 1919).

Constitution.

ARTICLE I.

NAME AND OBJECT.

Section 1. The name of this Society shall be the "Medical Society of the State of California."

Sec. 2. The purpose of this Society shall be to federate and bring into one compact organization the entire medical profession of the State of California, and to unite with similar societies of other States to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and to enlighten and direct public opinion in regard to the great problems of state medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life.

ARTICLE II.

COMPONENT SOCIETIES.

Component Societies shall consist of those county medical societies which hold charters from this Society.

ARTICLE III.

MEMBERS.

Section 1. Members—The Members of the Society shall be the members of the component county medical societies, excluding associate or honorary members thereof.

Sec. 2. Guests—Any distinguished scientist, associate or honorary member of any component county society, or any physician not a resident of this State, may become a guest during any Annual Meeting on invitation of the President or the officers of this Society, and shall be accorded the privilege of participating in all of the scientific work for that meeting. The President shall announce to the general meeting the names of such persons as have been invited to attend the meeting, and their names shall then be enrolled as guests of that annual meeting.

ARTICLE IV.

HOUSE OF DELEGATES.

The House of Delegates shall be the legislative body of the Society, and shall consist of (1) Delegates elected by the component county societies, (2) the Councilors, and (3) ex-officio, the President and Secretary of this Society.

ARTICLE V.

MEETINGS.

Section 1. The regular meetings of this Society shall be held annually.

Sec. 2. Special meetings of the House of Delegates may be convened as the By-Laws provide.

Sec. 3. Twenty-five members shall constitute a quorum in the House of Delegates.

Sec. 4. The election of officers shall be the first order of business of the House of Delegates at the second evening session of each annual meeting.

Sec. 5. All officers shall be elected by ballot, and shall serve until their successors are elected and qualified.

ARTICLE VI.

OFFICERS.

Section 1. The officers of this Society shall be a President, a President-elect, a First Vice-President, a Second Vice-President, a Secretary, and fifteen Councilors, of whom one shall be elected from each of the nine Councilor districts and six at large, two of whom shall be elected from the County of Los Angeles, one from the City and County of San Francisco, one from the County of Alameda, and two from the remainder of the State. Not more than three Councilors shall be elected from any one Councilor district. These officers shall be elected by the House of Delegates at the time and in the manner duly provided in this Constitution and By-Laws.

Sec. 2. The officers, except the Councilors, shall be elected annually. The terms of the elected Councilors shall be for three years, those first elected serving one, two and three years, as may be arranged.

Sec. 3. The Society shall elect a President for the next succeeding year who shall remain President-elect for one year preceding his assumption of the office of President. While President-elect he shall be ex-officio a member of the Council.

Sec. 4. No delegates shall be eligible to any office named in the preceding section, except that of Councilor, and no person shall be elected to any such office who has not been a member of the Society for the past two years.

ARTICLE VII.

COUNCIL.

The Council shall consist of the Councilors and the President, the President-elect and the Secretary, ex-officio. Besides its duties mentioned in the By-Laws, it shall constitute the Finance Committee of the House of Delegates. Five Councilors shall constitute a quorum.

ARTICLE VIII.

SECTION AND DISTRICT SOCIETIES.

The House of Delegates may provide for a division of the scientific work of the Society into appropriate Sections, and for the organization of

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Proposed amendment.

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ARTICLE IX.

FUNDS AND EXPENSES.

Funds shall be raised by an equal per capita assessment on each component society. The amount of the assessment shall be fixed by the House of Delegates by a four-fifths vote thereof. The fiscal year of the Society shall be from January 1st to December 31st. The number of members in good standing in each component society on the first day of March of each year shall be taken as the basis for the assessment for that fiscal year, as fixed by the House of Delegates. Funds may also be raised by voluntary contributions from the Society's publications, and in any other manner approved by the House of Delegates. Funds may be appropriated by the House of Delegates to defray the expenses of the Society, for publications and for such other purposes as will promote the welfare of the profession.

ARTICLE X.

REFERENDUM.

Section 1. A general meeting of the Society may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered, the House of Delegates shall submit such question to the members of the Society, who may vote by mail or in person, and, if the members voting shall comprise a majority of all the members of the Society, a majority of such vote shall determine the question and be binding on the House of Delegates.

Sec. 2. The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

ARTICLE XI.

THE SEAL.

The Society shall have a common seal, with such inscription thereon as the Council shall prescribe.

ARTICLE XII.

AMENDMENTS.

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any annual meeting, provided that such amendment shall have been presented in open meeting at the previous annual meeting, and that it shall have been published twice during the year in the Journal of this Society, or sent officially to each component society for at least two months before the meeting at which final action is to be taken.

Milk for Children

The need of public action to place clean milk within the reach of every family having little children is emphasized in the report of the New Orleans milk situation, just issued by the Children's Bureau, U. S. Department of Labor. This is the third study made under the Bureau's auspices of the use of milk in families where there are small children. The studies all indicate that children are not getting as much milk to drink as they need for healthful development; but in New Orleans, where the most recent study was made, children are found to be getting less milk to drink than the children of Baltimore, Maryland, and Washington, D. C., the other two cities studied. Seventy per cent. of the children under eight who were not breastfed were getting no fresh milk at all to drink. In Baltimore 66 per cent. and in Washington 45 per cent. of the children under eight and not breastfed were getting no milk to drink, although the Children's Bureau points out that a child under eight should drink at least three cups (a pint and a half) of milk a day.

In New Orleans only 20 of the 413 children from 2 to 7 years old included in the study were drinking as much as three cups of fresh milk a day.

While the New Orleans figures show that the children from 2 to 7 years old suffer most from lack of milk to drink, it is also to be noted that only 63 per cent. of the babies under two who are not nursed by their mothers are given milk.

The situation, says the report, gives cause for grave concern because the children are not only being deprived of "the best and most nourishing food for normal development," but they are being given injurious substitutes in its stead. Of 338 children 7 years old or younger who are not breastfed and are getting no fresh milk to drink, 245 are given tea or coffee in place of it. "Milk is not merely a pleasant drink," said a Children's Bureau expert recently, "it is a food, and really a solid food. Americans are a milk fed race whose health will seriously deteriorate if the use of dairy products is given up."

The 211 families studied form only a small proportion of those in New Orleans having little children, but they are considered representative. Most of the parents were of native birth; in 17 families they were foreign born, and 5 were negro. Although definite figures regarding income were not secured, the families are of about the same economic status as those included in the recent Washington study, where more than three-fourths of the families were living on \$20 a week or less.

Reports issued by the Bureau of Labor Statistics show that the price of milk in the United States generally has increased 63 per cent. in the last five years. According to the Bureau of Markets of the Department of Agriculture, milk now retails for 16c in New Orleans. In several places, notably Shreveport, La., Nashville, Tenn., and Tampa, Fla., it is as high as 20c a quart. The point is made by the Children's Bureau that no matter what the price of milk it is still a cheap food, because it contains all the elements essential to growth.

Proposed
amendment

No change
from
original.

Proposed
amendment.

Proposed
amendment.

Department of Pharmacy and Chemistry

Edited by FELIX LENGFELD, Ph. D.

Help the propaganda for reform by prescribing official preparations. The committees of the U. S. P. and N. F. are chosen from the very best therapeutists, pharmacologists, pharmacognosists and pharmacists. The formulae are carefully worked out and the products tested in scientifically equipped laboratories under the very best conditions. Is it not plausible to assume that these preparations are, at least, as good as those evolved with far inferior facilities by the mercenary nostrum maker who claims all the law will allow?

The Internal Revenue Department calls attention to certain phases of the Harrison Narcotic Act which particularly affect the physician. This act specifically penalizes the improper dispensing or distributing of narcotics and the department apparently holds that the term "dispensing" includes prescribing. The physician, therefore, is liable to prosecution if he writes a prescription that does not contain full information required by the department even if this prescription is not filled. A narcotic prescription must contain the date, name and address of the patient, address, registry number and full signature of prescriber. If a large quantity of narcotic be prescribed the prescriber must state whether it is for an addict or an incurable. If for an addict, the dose must be gradually reduced. If for an incurable, the dose may be kept constant or even increased. It is expected that the physician will order only sufficient for a reasonable time and he becomes responsible for the proper use of this.

The Council has frequently warned against the use of the so-called Aromatic or Compound Digestive tablets which contain a number of digestive ferments, holding that these ferments in many cases neutralize one another so that the tablets are practically inert. It is interesting to note that one concern which makes aromatic digestive tablets when taken to task for leaving out one of the ferments put up the plea that as this ferment would only destroy the others, it were better to leave it out, although its appearance on the label increased the sale of the tablets.

The genuine Elixir Theriacum contained 167 ingredients. It was a cure for everything and nobody ever knew which ingredient cured.

A number of years ago there lived in San Francisco an herb doctor who was very successful in obscure diseases. In his private sanctum he had boxes of herbs numbered from 1 to 36. After interviewing his patient and determining from the gravity of the case and the complexity of the symptoms just how many herbs would be required, he adjourned to the sanctum and there spun a roulette wheel. If 19 won he took some of herb 19. If 31, he took some of 31. He spun the wheel as often as necessary in order to get the number of herbs he required. He would then mix them and give them to the patient, and the result was a very large and lucrative practice.

The Elixir Theriacum and the herb doctor were fully as scientific and rational as some of the animal extract therapy now being preached to the medical profession. There is no doubt that some animal glands and some animal extracts are important and essential medicines. They do good when properly used and they do harm when contraindicated. There are others whose efficacy is doubtful. It is not known that they really do good but, on the other hand, it is not definitely known that they do no harm. All of these products must be used rationally and with care. There is no objection to using two or more at the same time but the physician should study each case carefully and

determine the nature and the dose of the products required. He should not be satisfied with a union suit which fits everybody.

After the article on Aspirin in the January number had been written, the Patent Office cancelled the trade-mark "Aspirin" on the ground that the name Aspirin has become synonymous with Acetyl Salicylic Acid. There, therefore, can be no objection to the physician prescribing Aspirin as such, although he may equally well prescribe Acid Acetyl Salicylic. There is likewise no reason why any other name should be introduced and it is to be hoped that pharmaceutical houses will not try to add to the large number of empirical names already so needlessly before the public.

In the year 1917 about 7½ million ounces of aspirin were manufactured in this country. Since about three-fourths of this was converted into 5-Gr. tablets, about 500 million of these tablets are used annually in the United States.

Prompt action of the A. M. A. Council on Chemistry and Pharmacy has probably saved the medical profession from B-iodine. A pamphlet had been issued setting forth the virtues of this preparation and a request made that this be included in the N. N. R. It was claimed that B-iodine is a nitrogen hydrate of iodine. Added to water it reacts with the water and liberates free colloidal iodine. This iodine remains in solution as a colloid. It was claimed that colloidal iodine would be more easily assimilated by the tissue than ordinary iodine. Examination of B-iodine showed it to be a mixture of iodine and ammonium iodide which, of course, dissolved in water without any further reaction. When attention was called to this, the manufacturers admitted that the solution was simply a solution of a double salt or molecular compound of ammonium iodide and iodine but stated that this would do the work they claimed for their colloidal iodine solution. However, as there was nothing new about this and as the claims seemed unjustified, the Council refused to admit B-iodine. The same manufacturers also had an oleum B-iodine which was claimed to be a 5 per cent. solution of B-iodine in paraffine oil. As a matter of fact it contained less than 1 per cent. of B-iodine in paraffine oil and a second specimen was little better. It is probable that B-iodine will not be offered to the medical profession. Even if the original statements were correct, there is no real evidence that a colloidal solution of iodine will act any better than a true solution of iodine. Colloidal silver does act better than ordinary silver because we cannot get ordinary silver in such fine suspension, but it is not improbable that a true solution of silver, if it could be made, would be even better than colloidal silver.

The United States Public Health Service has instituted a campaign against the use of proprietary remedies for venereal diseases. It has secured the co-operation of many of the pharmacists of the country who have removed these preparations from their shelves and refuse to sell them. This campaign is one of education.

As a rule the druggists who are willing to co-operate with the Public Health Service are those who have sold these preparations under protest, have made none of their own, do no counter prescribing. There are a certain number of druggists who make and push their own preparations for this class of disease and who, unfortunately, are often in the neighborhood where they can do the most harm. Many of these refuse to co-operate with the Public Health Service and can only be reached by law and not by a campaign of education.

A bill making it a criminal offense for a druggist to sell this class of preparation without a physician's prescription is now before the Legislature

and stands a very good chance of becoming a law. Of course the usual cry will be raised that this law is passed in the interests of the physicians and physicians' trust and will simply enable the practitioner to get more cases and exact higher fees. It is to be hoped there will be provided for this class of disease a clinic where the patient can secure absolute privacy so that he will not fear to ask public aid.

Red Cross Relief in Palestine

How American Red Cross physicians engaged in relief work near Jerusalem are accomplishing worth while results in the face of great difficulties—and what they are up against, is shown in a report from W. S. Dodd, A. R. C., doctor working at Mejdell in this section.

With two capable English trained nurses, and three native helpers, more or less useful, Dr. Dodd, his "hospital" housed under tents, performed 252 operations in seven weeks, besides giving medical examinations, treatment and counsel to hundreds of the destitute inhabitants and refugees.

His report says in part: "The work of the Hospital was of the plainest sort, it might be called primitive. About twenty-five tents comprised the Hospital proper, with a Dispensary tent, and tents for the living quarters of the staff.

"The soil was all the purest sea-sand with thistles and scant grass; going barefoot was the universal custom, and in our own quarters we of the staff used to follow that custom with great pleasure. . .

"The professional side of the work was of the greatest interest to me and every day was a pleasure. The clinics numbered sixty to a hundred a day. Of course we had all classes of cases in medicine and general surgery, but by far the larger proportion of our patients were eye-cases.

"Of the 252 operations that I did in less than seven weeks, 222 were for the eyes. This is the number of persons operated on, most of them having more than one operation, perhaps on all four lids, so that I really operated on 408 eyes.

"There were some cataracts, not more than would be seen in the same number of cases elsewhere, but Trachoma and its consequences accounts for almost all of the eye troubles in this land. I set out to treat these cases radically and secured fine results when I could keep the patients long enough for a reasonable after-treatment. But even so, the number of eyes that can be saved from partial and total blindness is large and the economic value of each eye thus saved is enough to make the prosecution of this line of work of the greatest importance for the redemption of the land.

"The accident cases are always interesting. I had the last end of treatment of some cases of bombed hands, of which there had been quite a number in the earlier days. These were largely in children, and were due to their picking up unexploded Turkish bombs that were lying in the fields from the time of the British advance in the Gaza region. Many fingers and even hands were lost from this cause.

"Vermin was the great enemy we had to fight. Fleas were hardly counted as a problem because we could do nothing against them, they were everywhere and inevitable, and so far as we know at present, not being the carriers of any special disease, did not come within the hostility of a medical conscience.

"Lice and maggots were a daily terror. How many wounds and injuries came to us filled with maggots I cannot tell. A favorite dressing for a wound is a piece of raw meat, a breedingplace for maggots, and they can hardly be blamed for invading the adjoining premises.

Many a child had to be put under chloroform in order to search out and pull from their hiding

places, deep in the middle ear, a half dozen wriggling maggots, whose every motion was causing torture to the innocent victim.

"A woman came to the clinic complaining of headache. A single sore on her face led to questioning, and when she rather unwillingly undid her turban we found an exaggerated case of impetigo, and every separate sore was as if the whole thickness of the scalp down to the bone had been punched out, and every sore was a nest of maggots. I removed sixty at the first seance, and at the first dressing next day the nurse had more to do. The headache was cured without further treatment. And these are not the most loathsome cases that we saw.

"Another great difficulty with which we had to contend was the filthy habits of the people. In spite of providing proper sanitary facilities, we were compelled to have a scavenger go around every morning and clean up the filth from around the tents of the patients. The women were as bad offenders as the men. We made it a rule that anyone known to have violated these simple sanitary regulations must go without their dinner next day, and this was quite an effective punishment."

New Members

Apostolides, Emanuel, San Francisco.
Blackshaw, J. B., Sebastopol.
Blythe, Thos. M., Redlands.
Holmes, Albert O., Redlands.
Arnold, Clement H., San Francisco.
Boyd, S. G., San Francisco.
Harbaugh, R. W., San Francisco.
Marcus, Herman, San Francisco.
Smith, Wallace Bruce, San Francisco.
Duncan, J. A., San Francisco.
Haworth, M. W., Sacramento.
Voisard, F. X., Sacramento.

Transferred

Twitchell, E. W., from Sacramento Co. to San Francisco Co.
Condit, J. C., from Sonoma Co. to Alameda Co.
Collings, H. A., from Yolo Co. to San Francisco Co.

Resignations

D'Ancona, A. A., San Francisco Co.
Tucker, G. E., San Francisco Co.
Rude, Anna E., San Francisco Co.
Seward, Lee S., San Francisco Co.
Arnold, J. Dennis, San Francisco Co.
Kucich, O. S., San Francisco Co.
Rowe, M. J., Mendocino Co.
Lyon, George Elmer, Los Angeles Co.

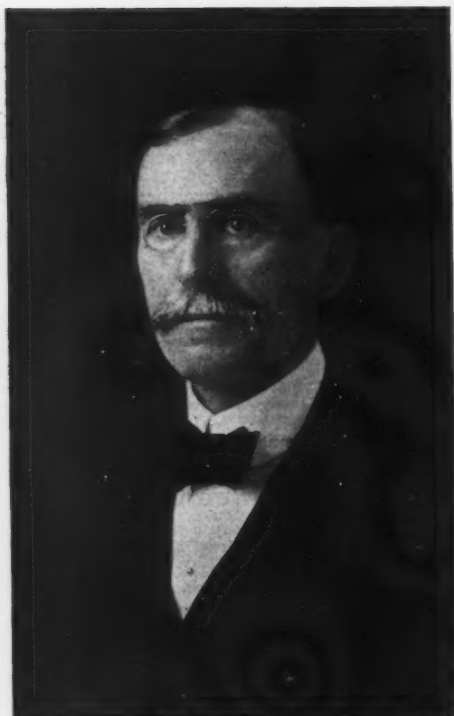
Obituary

FREDERICK R. BURNHAM.

The many friends of Dr. Frederick R. Burnham, one of San Diego's leading pioneer physicians, will regret to learn of his death from pneumonia on the 11th day of January, 1919.

For several months Dr. Burnham knew of his declining health; and while we realized that he could be with us but a short time, the end came altogether too soon. For many years his broad-gauged council in civic as well as in medical problems had been of inestimable value.

Dr. Burnham was born in New Hampshire near Concord July 9, 1853. He attended Dartmouth College, graduated from Detroit Medical School, practiced medicine in St. Paul from 1881 to 1887, coming to San Diego in the latter part of 1887. He soon established himself as a prominent physi-



F. R. BURNHAM, M. D.

cian. He married Miss Lila G. Marston, sister of George W. Marston, pioneer merchant of San Diego. For more than a quarter of a century Dr. Burnham was prominent and useful in the medical and civic life of San Diego. While rendering most efficient service in the practice of medicine he gave much attention to public affairs, and always manifested a growing interest in municipal, State and national problems.

Dr. Burnham was president of the Board of Education, president of the Board of Health, member of the State Medical Examining Board, director of the Y. M. C. A., one of the founders and the first president of the San Diego Medical Library Association, member of the American Medical Association State of California and San Diego County medical societies, of which latter he was president in 1908. He also served as counselor from the First District of the State Medical Society, his term expiring in 1912. He was a member of the University, Tuesday and Scholia clubs.

A crowning glory of his life was the recent entrance into the service of their country of his son and two sons-in-law.

Dr. Burnham's highest aspirations were those of human interest and human service. F. A. B.

Deaths

Campbell, Wm. Hayden, a graduate of Gross Medical College, Colorado, 1890. Licensed in California 1896. Died in Los Angeles January 8, 1919.

West, J. M. a graduate of the Rush Medical College 1864. Licensed in California 1880. Died in Red Bluff, Cal., February 10, 1919. Age 82.

Mitchell, Frank W., a graduate of College of Physicians and Surgeons, New York, 1880. Licensed in California 1884. Died in Bakersfield, Cal.,

January 12, 1919. Was a member of the Medical Society State of California.

Rosenkranz, Samuel Victor, Lieut. M. C., U. S. Army, Los Angeles; Colleges of Physicians and Surgeons, Los Angeles, 1915. Age 28. Died in the United States Marine Hospital, San Francisco, October 20, from pneumonia following influenza.

Bahrenburg, John E., Glendale, Cal.; Missouri Medical College, St. Louis, 1877. Aged 61. Died at the home of his son in Oil Center, Cal., December 23rd, 1918.

Campbell, William Hayden, Santa Monica, Cal.; Gross Medical College, Denver, April 8, 1890; licensed April 7, 1896; aged 70; at one time a member of the Medical Society of the State of California, and Montana State Medical Association. Died January 8, at his home, near Los Angeles.

Nichols, Heron, South Pasadena, Cal.; Northwestern University, Medical School, Chicago, 1867. Aged 77; formerly of Milwaukee; a veteran of the Civil War. Died at his home Dec. 29, 1918, from asphyxiation by illuminating gas.

Bogue, Henry Virgil, Asst. Surg. (j.g.) U. S. N. R. F., Los Angeles; Baltimore Medical College, June 15, 1909; licensed July 18, 1914; member of the L. A. Co. Med. Assoc.; age 34; a specialist on diseases of the eye, ear, nose and throat; staff surgeon to the Los Angeles County Hospital; on duty at the Mare Island Navy Hospital, Vallejo, Cal. Died in that institution, January 9, from pneumonia following influenza.

Bogue, Henry V. A graduate of Baltimore Medical College, M. D., 1909. Licensed in California 1914. Died in Mare Island, Cal., January 9, 1919, of Pneumonia. Was a member of the Medical Society of State of California.

Herlihy, John Stephen. A graduate of University of Buffalo, N. Y., 1909. Licensed in California 1909. Died in San Diego December 21, 1918. Was a member of the Medical Society State of California.

Hodghead, David A. A graduate of Bellevue Medical College, 1884. Licensed in California 1884. Died in San Francisco February 5, 1919. Was a member of the Medical Society State of California.

Bahrenburg, John E. A graduate of Missouri Medical College, Mo., '77. Licensed in California 1901. Died in Glendale, Cal., December 23, 1918.

Nichols, Theron. A graduate of Chicago Medical College, Ill., '67. Licensed in California 1886. Died in South Pasadena, Cal., December 29, 1918.

Richter, Conrad. A graduate of Rush Medical College, 1887. Licensed in California 1898. Died in Germany while in active duty, September, 1915.

Rudolph, Oswald F. A graduate of Cincinnati College of Medicine and Surgery, Ohio, 1885. Licensed in California 1894. Died in Corning, Cal., December 13, 1918.

Long, Noah Webster. A graduate of Barnes Medical College, St. Louis, Mo., 1911. Licensed in California 1915. Died October 31, 1918, of Spanish influenza, in Dorris, Cal.

Currie, Donald Herbert. A graduate of the Medical Department Washington University, Mo., 1897. Licensed in California 1912. Died in Contagious Hospital, Brookline, Mass., of pneumonia following influenza.

Grimm, Chas. H. A graduate of Harvard Medical School, Mass., '83. Licensed in California 1885. Died at sea January 3, 1919.

Brown, Wm. M. A graduate of the University of Louisville, Ky., 1872. Licensed in California 1877. Died in Oakland January 21, 1919.

Baker, Chas. Reinhold. A graduate of Cooper Medical College, Cal., 1900. Licensed in California 1900. Died in San Francisco January 30, 1919.